OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 7 FEBRUARY 2019

MUSCULOSKELETAL SERVICES TASK AND FINISH GROUP REPORT

Report by Councillor Monica Lovatt,
Chairman of the MSK Task and Finish Group

1. Introduction

1.1 In response to concerns raised by residents and patients, on the 8th of February, the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) agreed to establish a Task and Finish Group to look in detail at Musculoskeletal Services (MSK) across Oxfordshire. The aim of the Task and Finish Group was to provide assurance that:

MSK services for people in Oxfordshire are provided in a way that achieves the highest possible quality within the available resources.

1.2 The Task and Finish Group was led by Cllr Monica Lovatt (District Council for the Vale of White Horse), who at the time was the Deputy Chairman of HOSC. Additional members of the Task Group were HOSC members, Cllr Laura Price and Dr Alan Cohen. Support was provided by the Strategic Lead for HOSC; the Director for Public Health; and a Senior Policy Officer.

1.3 This report is a collaborative report, co-produced between the Task Group, the commissioner of the service, Oxfordshire Clinical Commissioning Group (OCCG) and the provider of the service, Healthshare. It presents the Task Group's approach, findings and recommendations for review by HOSC, it also includes detail of the response to the Group's recommendations.

1.4 The Task Group notes that throughout the process, including transition and the early days of the contract, OCCG and Healthshare have been working to identify and address issues with the service. OCCG and Healthshare were aware of and already tackling most of the issues outlined in this report.

2. Task Group Background

2.1 MSK conditions involve the muscles, ligaments and joints. This might be an injury with your muscles, bones, or joints or may be a condition such as osteoarthritis; it also includes rarer autoimmune diseases and back pain.

2.2 In 2015, OCCG commissioned a review of its commissioned MSK services with a view to addressing a number of patient and GP concerns with the service including long waiting times.

2.3 After extensive patient and clinical involvement, OCCG produced a new clinical model and Business Case that set out how MSK services were operating at the time and made a recommendation to implement a new integrated service that

made improvements in several areas, including access, self-management, a person-centred approach, networking with third sector and the integration of assessment with triage, assessment and treatment, as well as signposting to lifestyle services and Talking Space[1].

2.4 OCCG engaged people who had used the service to develop the new service model, which informed the new service specification. A contract to provide MSK services in Oxfordshire was retendered (after working with the incumbent providers to give them an opportunity to provide the newly specified service) and a new provider was awarded the contract in June 2017 and the service started on the 1st of October 2017. The new provider for MSK services in Oxfordshire is Healthshare, which is a clinical stakeholder organisation working within the NHS and is solely funded through NHS contracts.

2.5 In the autumn of 2017, Oxfordshire HOSC asked questions of the CCG regarding the process, outcome and transfer of MSK services to the new provider. The CCG has provided the Committee with the original Business Case, a briefing note and answers to all questions asked. In November 2017, members of the HOSC committee were being contacted by residents with concerns about the MSK service. On the 8th of February, HOSC agreed to establish a Task and Finish Group to look in detail at MSK across Oxfordshire

3. Context

3.1 More years are lived with musculoskeletal disability than any other long-term condition. There are more than 200 musculoskeletal conditions which:

- affect 1 in 4 of the adult population (many being young and of working age) which is around 9.6 million adults and 12,000 children in the UK
- account for 30% of GP consultations, in England
- have an enormous impact on the quality of life of millions of people in the UK; 10.8 million days are lost as a consequence of musculoskeletal conditions
- are associated with a large number of co-morbidities, including diabetes, depression and obesity;
- account for over 25% of all surgical interventions in the NHS, and this is set to rise significantly over the next ten years;
- account for £4.76 billion of NHS spending each year[2].

[1] TalkingSpace Plus is an NHS service that is easy to access, offering a confidential service for adults aged 18 and over who are registered with an Oxfordshire GP. It offers a range of talking treatments and wellbeing activities that help people to overcome their depression and anxiety and stay well.

[2] Information from https://www.england.nhs.uk/ourwork/clinical-policy/ltc/our-work-on-long-term-conditions/musculoskeletal/

3.2 Oxfordshire CCG spends £118 per weighted head of population on MSK services, this is £20 cost per head over and above the England average of £98 for MSK conditions. When the MSK review and development took place, Oxfordshire CCG recognised the need to reduce expenditure and improve outcomes. The key areas of change include:

a. Self-management
b. Self- referral
c. Person centred care approach (care planning, shared decision making and patient centred outcomes)
d. Networking with third sector
e. Integrated Information Management system with viewing access for appropriate clinicians and patient
f. Primary and secondary care interface meeting
g. 'One stop shop' Integrating triage and assessment with primary care treatment
h. Oxfordshire spinal pathways to be aligned with Pathfinder national spinal pathways.

3.3 One of the areas the new MSK service wanted to influence was to reduce the long waits for Orthopaedics. Orthopaedics have one of the longest national waits for appointments both for outpatients and surgery. The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment. (92% of patients should be seen with 18 weeks is the standard). Oxfordshire was therefore not meeting the NHS Constitution standard for Referral to Treatment (RTT) on orthopaedics.

3.4 The new provider for MSK services in Oxfordshire is Healthshare, which is a clinical stakeholder organisation which works within the NHS and is solely funded through NHS contracts. Healthshare provide:

<u>General physiotherapy, including:</u>

- Manual therapy
- Advice, guidance and provision of tailored exercise regimes
- The provision of appliances, i.e. crutches
- Advice on weight management and referral to additional support if required
- Signposting to other agencies that can help the patient's holistic health, i.e. Achieve

<u>Specialist physiotherapy, which provides all of the above for:</u>

- Paediatric physiotherapy
- Woman's health, inc. bladder and bowel conditions
- Hands
- People with mild to moderate chronic pain

<u>General Exercise Classes</u>

These take a holistic approach to aid both a specific injury/problem and improve general health and movement.

Specialist classes for pelvic girdle pain
This is for pregnant and post-natal patients

Specialist orthopaedic opinion, including;
- The ability to requests and review
- Ultrasound
- MRI
- X-ray
- Nerve conduction studies

The provision of
- Ultrasound guided injection (USGI)
- Landmark guided injections
- Direct onward referral to secondary care for consultant led opinion and consideration of surgery
- Specialist rheumatology opinion, provided by a GP with a special interest in rheumatology, and who also works at the Nuffield Orthopaedic Centre allowing integration between the two services

Musculoskeletal podiatry services, including;
- The provision of ‘off the shelf’ and bespoke orthotics as required
- Ultrasound guided injection
- Landmark injection
- Interaction and referral to other agencies, i.e. secondary care, council services, voluntary and charitable organisations

3.5 Healthshare does **not** provide services for:

- Children under 1 year old
- People with suspected serious pathology or red flag symptoms
- People who are housebound and require a home visit which is provided by Oxford Health
- Treatment for people requiring specialist neurological physiotherapy
- Two week wait referrals for cancer
- Oxford Health and Oxford University Hospitals NHS Foundation Trusts provide:
- Stroke rehabilitation physiotherapy

3.6 The Healthshare sites and opening hours are as follows (NB- a plinth refers to a treatment bench):

- East Oxford Health Centre, 13 plinths, open Monday to Friday, appointments between 0800 and 1730
- Horton Treatment Centre, Banbury, 4 plinths, open Monday to Friday, appointments between 0800 and 1730
- Chipping Norton Health Centre, 3 plinths, Open Monday to Friday, appointments between 0800 and 1730

- Bicester Community Hospital, 5 plinths, open Monday to Friday, appointments between 0800 and 1730
- Deer Park Medical Practice, Witney, 7 plinths, open Monday to Friday, appointments between 0800 and 1730
- Wallingford Community Hospital, 5 plinths, open Monday to Friday, appointments between 0800 and 1700
- Townlands Community Hospital, Henley, 5 plinths open Monday to Friday, appointments between 0800 and 1630 (have potentially secured a new starter today that will extend that, but for now….)
- White Horse Medical Practice, Faringdon, 2 plinths open Monday to Friday (currently excluding Thursday but that will change from September), appointments between 0800 and 1700
- Woodlands Medical Centre, Didcot, 2 plinths Wednesday and Thursday only, appointments between 0800 and 1700
- Park Club Leisure Centre, Milton Park, Abingdon, classes only Tuesday and Friday afternoons

4. Task and Finish Group: Terms of Reference

4.1 To undertake a detailed piece of scrutiny on behalf of the committee, HOSC agreed that the Task and Finish Group would:

- Understand the intended benefits of a single and integrated MSK service provider for Oxfordshire;
- Understand and report on patient waiting times, experience, self-referral and outcomes (pre and post contract change).
- Understand and report on GP referral experience, including the management of the interface with primary care (pre and post contract change).
- Evaluate the performance of the new provider to date, in terms of patient experience, clinical quality, return on investment and patient outcomes.
- Understand and report on how provider performance will be monitored, evaluated and reviewed through the duration of the contract.

4.2 The Task and Finish Group was established in consultation with OCCG, in-line with the HOSC and Health Protocol, which works in the spirit of a 'no surprises' approach. The Group was set up by Oxfordshire Joint HOSC to provide oversight to and assure the development of the new MSK services. The Committee authorised the Group to conduct this work and report back formally to the Committee. It was agreed the Task Group would not have permanency, and would exist until such time as the work concluded.

5. Method of review

5.1 Between June 2018 and November 2018, the Group gathered information and intelligence via the following methods:

a. *Reviewed the history of MSK services*, including the development of a new service specification and a procurement process to appoint a new provider to understand intended benefits of a single and integrated MSK service provider for Oxfordshire. This included a meeting with a previous provider.

b. *Meeting with patient representative body* (Healthwatch) to understand the issues with MSK services for patients including patient waiting times, experience, self-referral and outcomes (pre and post contract change)

c. *Meetings with GP representative body (Local Medical Committee)* to understand and report on GP referral experience, including the management of the interface of MSK services with primary care (pre and post contract change).

d. *Meetings with clinicians working along the MSK pathway* including consultants in medicine and surgery and physiotherapists working in the MSK service, to understand the views of clinicians and their patient's experience.

e. *Reviewed the performance of MSK services in Oxfordshire* to evaluate the performance of the new provider to date, in terms of patient experience, clinical quality, return on investment and patient outcomes. The Task and Finish Group reviewed this performance information after a full twelve months of the new provider's operation.

f. *Meeting with the commissioner and provider* to understand and report on how provider performance will be monitored, evaluated and reviewed through the duration of the contract.

6. Findings

Commissioning and transition process

6.1 The Task and Finish Group heard how the 2015 review of MSK Services was undertaken, including the patient and clinical engagement to develop a new model of care which included the providers of the service at the time, Oxford Health Foundation trust and Oxford University Hospitals Foundation Trust. The clinical model then informed a Business Case and subsequent service specification.

6.2 During the development of the original Business Case for a new MSK approach in Oxfordshire, it was identified that the county had one of the highest spends on orthopaedics in the country. This was one of many drivers in changing MSK services was to provide an alternative to surgery.

6.3 During HOSC's Task Group work, it was identified that the assumptions made in the development of the MSK Business Case contained errors regarding the activity (patient numbers through the system). To calculate activity for a single,

integrated service for all MSK services, the numbers of patients in the different pathways (community and secondary care) were combined. The double counting, following advice, was assumed to be 40%. The Business Case assumption which was used to develop the specification was that MSK services were needed for 43,000 people per year. This was subsequently shown to be inaccurate and is in reality more like 63,000 people per year needing the service. The double counting was therefore hugely overestimated and the actual demand massively underestimated. There is over referral in Oxfordshire to MSK services compared to other CCG areas.

6.4 Following the engagement process and development of the model of care a specification was developed and shared with all stakeholders (including providers) for comment over three months. Once this was agreed OCCG entered into a 'preferred provider' procurement process which was designed to support existing, local providers. This was unsuccessful as the proposals from the local providers did not meet the requirements set out in the new specification. The local providers did not share the view that the specified service could be provided within the available financial envelope. The Task Group heard how all stakeholders across the system believed a good model had been developed, which was progressive and would meet the needs of patients and clinical staff throughout the system. There was however an anxiety that the model would cost significantly more to deliver at the point of delivery despite the savings to be made further down the track on secondary care (orthopaedic surgery).

6.5 The views of the existing providers regarding delivery of the new specification within the available budget were shared with the CCG. Despite contrary views, the CCG were confident that the contract could be delivered within the financial envelope by a provider in the open market. So, without a provider secured for the new service through a 'preferred provider' route, the CCG moved to an 'open tender' process, which offered the opportunity to bid against the service specification to providers across the country. Following the open tender process, new provider was ratified, mobilised and the contract signing took place in September 2017.

6.6 The new provider, Healthshare[3] was awarded the contract for five years had not previously operated in Oxfordshire but is an NHS-only provider of MSK services in London, Hull, Hillingdon, Dartford, Gravesham and Swanley. The new services provided by Healthshare includes referral management, prevention (i.e. weight management, exercise, specialist exercises) as well as general and specialist physiotherapy, specialist orthopaedic and rheumatology opinion and MSK podiatry. They do not offer services to children under 1 year old, patients with suspected serious pathology or 'red flag' symptoms (symptoms of more serious conditions) , patients requiring community treatment (i.e. home visits), treatment for patients requiring specialist neurological physiotherapy, non-MSK podiatry or patients with a two week wait referral for cancer symptoms.

[3] https://www.healthshare.org.uk/

6.7 Before the transition period providers were given some funding to clear the backlog to a wait of 4 weeks. Despite transition responsibilities being an NHS contractual requirement, throughout transition to the new provider, there was confusion and insufficient capacity around the management of the transition. During this time, a number of issues came to light which ultimately impacted on the service patients received. The result of this situation was identified through the Task Group's work and through a report[4] provided to the Group by Healthwatch Oxfordshire; this included:

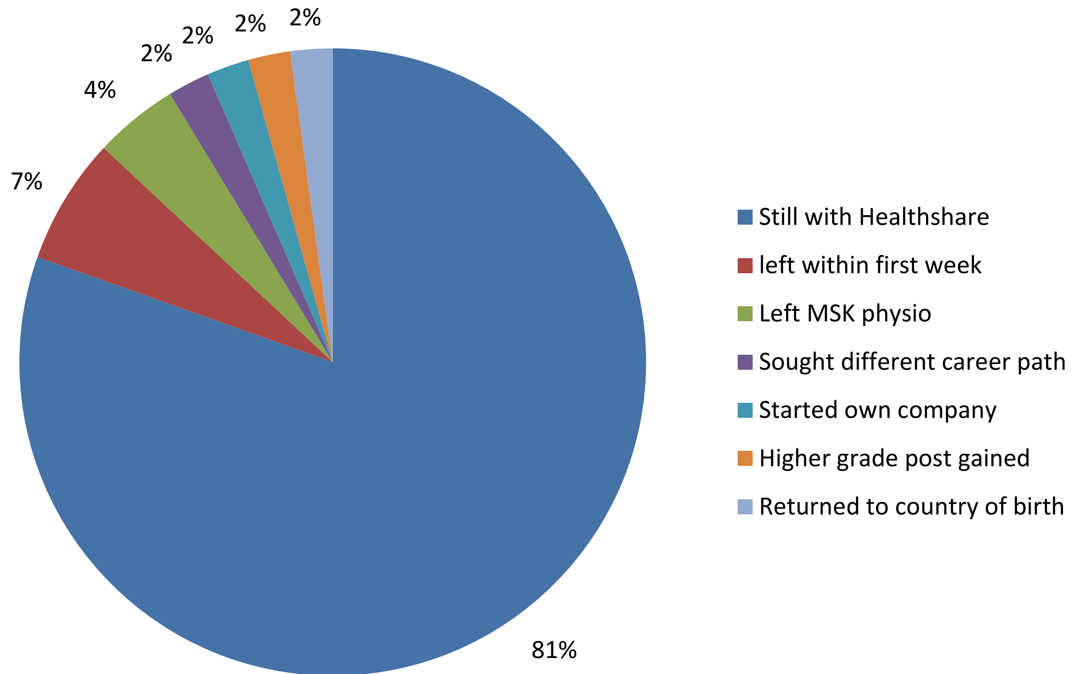
- Healthshare being unable to secure premises for the same clinic locations which had previously been in operation.
- Over 12,000 patient records were handed over to Healthshare on paper which needed to be input into a digital system.
- Healthshare had a large back-log of patients to see, with some patients booked into appointments by the previous provider without a record of the appointment made.
- 35% more new referrals came through to Healthshare than were forecasted, expected and planned for.
- There was lack of clarity over the roles and responsibilities of those involved in the transition process.
- Communications with patients and carers were not clear which created confusion. This is expanded upon in the section below ('Implementation').
- Communications with staff were not clear which created confusion.
- The transition timetable was accelerated mid-way through the process.

6.8 The Task Group found that the assumptions in the Business Case which were subsequently found to be inaccurate, led to a number of significant impacts for the new provider and patients. Despite additional payments made to providers to reduce back-logs and therefore demand on the new provider, demand was significantly more than had been anticipated. This meant the new provider's initial processes, staffing, appointments and patient flow were planned on forecasted figures rather than actual demand. The inaccuracies in demand calculation also led to an underestimation of the cost for delivering the specified service, which has thereby meant the original savings have been overestimated. Additional resourcing has now been agreed for Healthshare to cope with this demand; they have increased the numbers of administration staff and have implemented new processes to meet the demand. Similarly, to providers across the NHS, Healthshare have been asked to find efficiencies and different ways of working to ensure they meet the demand with the resources available to them.

6.9 For staff, the transition to a new provider was reported as being confusing and a time of uncertainty, with staff being unsure of their work location until very late in the transition process. There was also a reported knock-on effect for staff in clinically adjacent services in the previous provider. Those who were delivering in fixed locations for the previous provider were TUPE transferred across to Healthshare. Staff were consulted with and remunerated where there were

[4] https://healthwatchoxfordshire.co.uk/wp-content/uploads/2018/10/Healthwatch-Oxfordshire-report-to-HOSC-Healthshare-TFG-September-2018.pdf

changes to work locations that impacted on staff travel to work. There has been a retention rate of 81% or 4 out of 5 staff have remained with Healthshare. The following chart shows this:



6.10 Despite reported issues of uncertainty for staff throughout the transition, retention was good. With the workforce issues in Oxfordshire in terms of recruiting and retaining staff, the Task Group felt that the uncertainty and lack of clarity for staff, posed an unnecessary risk to the sustainability of the health and care system workforce. This is a risk that Oxfordshire cannot afford to underestimate and must prioritise.

6.11 Based on this information, the Task Group identified the following recommendations:

Recommendation 1:
The extensive and detailed engagement process to involve both patients and clinicians in the development of the model of care and subsequent Business Case for MSK services is commendable and should be an approach used for any similar future businesses cases

Recommendation 2:

During the Group's work, it was identified that the Business Case for MSK service provision was in-part, intended to improve the cost effectiveness of service delivery. However, there was insufficient and/or inaccurate consideration of the activity levels for MSK services, the local financial circumstances and local workforce implications within the final Business Case. This led to an underestimation of the actual cost and workforce impacts of the specified service. Future business cases would therefore benefit from being commenced and completed with:

a) Accurate activity modelling informed by robust testing and independent challenge of the activity assumptions.
b) By addressing (a), this would better ensure services are specified within the realistic confines of the local financial envelope.
c) A full understanding of the implications for the local workforce

6.12 The Task Group heard that the process of commissioning services in future would take a more collaborative approach. This is due to recent changes to national policy, which encourages system-wide integration (through Integrated Care Systems). There have also been changes to the local health and care landscape which is increasingly focusing on integration. Examples of this are seen in a commitment by the CCG to assess providers on their approach to collaboration but also in the development of new system-wide posts. This means that the approach to provision of services in future is likely to be collaborative and integrative. The Task Group supports this way of working to avoid some of the issues seen in the example of MSK service provision.

6.13 Despite the overall support for integration of services, it was identified that a healthy challenge on performance of providers needs to be maintained. A separation between the initial commissioning process and the subsequent contractual management is needed. The Task Group felt that a separation between the two processes would ensure swift and independent action, could be taken by a contract manager on any issues created by initial commissioning inaccuracies- such as the underestimation of demand. It would also introduce impartial performance management of a provider; again, to ensure fast and decisive action is taken to address any issues.

6.14 Based on this information, the Task Group identified the following recommendations:

Recommendation 3:

The Group felt a more collaborative approach to service provision would be helpful in future and it recognised the progress in Oxfordshire around this in recent months. However, to ensure there is sufficient challenge of provider performance, it is recommended that the process of a) commissioning and b) contract monitoring are performed as separate functions within the CCG.

Recommendation 4:

To more effectively manage the transition between providers in any future situation; the CCG could consider the temporary appointment of a dedicated Manager whose responsibility would be to manage all necessary aspects of a provider transition.

Implementation

Views of patients and clinicians:

6.15 As outlined in the section above, the reality of the demand had an enormous impact on the capacity of Healthshare to respond to the numbers of patients flowing through the service. This led to many problems for patients, staff and clinicians in navigating the transition. Healthwatch Oxfordshire reported in full on these issues and made recommendations to the Task Group which can be found in Appendix A. Healthshare and the CCG responded to the issues raised; these responses can be found in Appendix B and Appendix C. The Group therefore recommends that:

Recommendation 5:

All recommendations made by Healthwatch in their report are supported and endorsed by the Task and Finish Group. These are:

1. Constant problems with accessing Healthshare telephone number
a. Increase capacity at Healthshare to answer calls within agreed time
b. Do not let people hang on waiting for reply then cut them off!
c. Offer a call back system

2. Patients not receiving written confirmation of appointment time and location
a. Automated letter sent within 24 hours of when appointment made with contact number and email for cancellation / further information
b. Use mobile telephone text for confirmation and reminder.

3. Patients are being asked to travel substantial distances to appointments
a. Review of locations of service considering where people live who are being referred
b. First choice appointment offered at closest location – ask the patient as they will know travel / public transport needs

4. Information about Healthshare not given to patients on referral – confusion arises about whether this is an NHS service or not and how to contact them prior to receiving 'welcome' letter a. General Healthshare leaflet given to all patients referred by GP to include contact number, email, commitment to contact within set time

5. The Healthshare complaints procedure, including how to complain, should be accessible on the web site and in paper form. Patients who file a complaint should then be responded to stating whether Healthshare are treating this as a formal complaint.
a. Healthshare must be required to report to OCCG on complaints received.
b. Healthshare should place the Healthwatch Oxfordshire widget on their web site, thus giving patients a route to an independent voice.

6. 'How are we doing?' is ***not*** *part of a complaints procedure. a. Healthshare should be required to report to OCCG analysis of 'How are we doing?' not just on the patient survey.*

7. Patient satisfaction survey does not ask any questions about the referral process or administration. a. Healthshare Patient satisfaction survey must include questions about the referral process, and communication between Healthshare and patient.

6.16 Healthwatch and the GP representative body, the Local Medical Committee (LMC) reported that all the above issues had been raised directly with Healthshare on several occasions. Whilst Healthshare were said to be open to hearing feedback from Healthwatch and the LMC, they were said to be slow to take action unless issues were also raised with the CCG. Healthshare stated that this was because of the contractual nature of the relationship between the CCG and Healthshare, which means they look to the CCG to direct them. The Task Group were keen to ensure that the role of Healthwatch as a body which exists to provide a means for patients to influence services is supported. Similarly, with the LMC as the body speaking on behalf of GPs. The Group proposes the following:

Recommendation 6:
All providers in Oxfordshire, are recommended to have a meaningful understanding of the role of Healthwatch and the Local Medical Committee as representative bodies. Providers should be prepared to hear the concerns these bodies raise on behalf of those they represent and respond directly in a timely manner.

New ways of working

6.17 The Task Group heard about the introduction of 'Extended Scope Practitioners' (ESP) into the MSK service in Oxfordshire by Healthshare. These practitioners are physiotherapists with advanced training who advise

physiotherapists and support additional treatment when needed. This may include using diagnostics and carrying out procedures such as guided injections with ultrasound. These practitioners are in eight of the nine clinics run by Healthshare in Oxfordshire. The benefits of having an ESP in the services were identified as:

- Patients can receive advanced or additional treatment within the same service; thereby reducing the need for referrals to other services and additional waits for treatment.
- There were opportunities available for staff learning by working with ESPs.
- Physiotherapists are given support with patients who need additional treatment.

6.18 The Task Group therefore identified the following recommendation:

Recommendation 7:
Having Extended Scope Practitioners (ESP) working within clinics offers opportunity for staff development and offers patients additional treatment options. This has been a positive change in service which should continue to be supported in future.

6.19 The Task Group heard how the introduction of an increased focus on prevention of MSK conditions has been designed to deliver benefits to patients, but will also prevent the need for further, more complex and expensive services in time. These are programmes to make lifestyle improvements with patients such as weight management and programmes which help support people with the mental health aspects of their conditions. The prevention approach was supported by the Group and the following recommendation made:

Recommendation 8:
Working with groups of patients on lifestyle and prevention activity within the MSK model is welcomed and supported; this aspect of the service should continue to be supported in future.

Evaluation of the service and outcomes

6.20 During the Task Group's exploration of how the success of MSK services are determined, it was understood that the following methods are used to assess the service. These assess the service as a whole, including how well patient outcomes are being achieved:

- Operational and clinical standards (e.g. NICE standards)
- Contract monitoring on Key Performance Indicators (KPI's)- as set out in the 'quality requirements' by the CCG
- Patient satisfaction questionnaire, which asks patients about how satisfied they are with the process of treatment that they receive from their clinicians
- EQ5D- is a well-established self-completed questionnaire that measures change in the quality of life. It is completed by the patient, at the beginning of treatment and then again at the end to understand the difference treatment made to a patient's quality of life.

6.21 In addition to ongoing monitoring above, a Quality Review was undertaken on Healthshare by the CCG in July 2018. This reported that there were many patient and clinician concerns raised about Healthshare and when benchmarked against similar sized providers, more issues arose with Healthshare from GP's than other providers. The initial issues were regarding some records not being transferred and the need for re-referral as a result. During this initial period the amount of telephone contacts were unable to be managed by Healthshare resulting in increased number of GP feedback reports and patient experience contacts. This was addressed by Healthshare improving the telephone system in October 2018; this action was reported to have significantly reduced issues and complaints with this. Another theme of reported issues occurred around April and May 2018 where patients were being sent to their GP to request MRI. The pathway was altered to allow this to occur straight from Healthshare.

6.22 Data collected on patient satisfaction with clinical care throughout Healthshare's first year was stated as positive by the CCG and Healthshare. Although there were many complaints regarding the process to get to a clinician, once patients did receive treatment, those completing a patient satisfaction questionnaire said they were happy with their experience. 89.91% of patients who responded to a questionnaire said they were extremely or very satisfied with their treatment between August and October 2018.

6.23 The only measure of health outcomes of the MSK service is the EQ5D questionnaire; the data obtained for this is therefore significant. During discussions with Healthshare, it was identified that the method being used to collect the patient assessment information for the EQ5D was not in-line with best practice. Surveys should be completed by patients (or their carer) on their first and last appointment. However, patients have been completing information for the first appointment, but the information for the final appointment has been completed by the clinician providing the treatment. This means that the data collected to date is therefore not a reliable measure of health outcomes. The Task Group felt all patients should be completing both the pre and post treatment assessment survey to ensure collection of accurate and reliable information. The following is therefore recommended:

Recommendation 9:
Using the EQ5D, health outcome questionnaire, is a recognised method of understanding the difference MSK services are making to patients. To better ensure reliability of the results of the EQ5D process, it is recommended that best practice methodology be applied to the gathering of this information so that patient outcome and quality information is recorded by the patient themselves (or a patient's nominated representative where necessary) at the beginning and at the end of treatment. It is also recommended that the Clinical Governance committee of Healthshare review the data obtained from EQ5D questionnaires in the light of the practice to date.

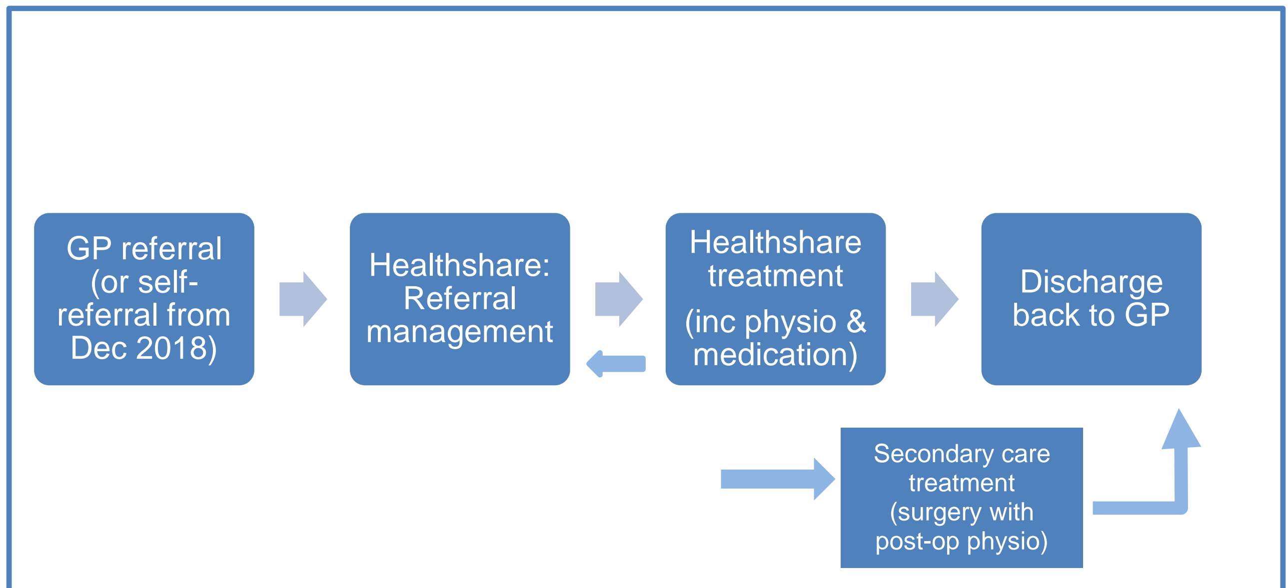
6.24 The Task Group explored with the CCG whether an alternative to the EQ5D questionnaire had been considered. A patient outcomes questionnaire has been developed by the University of Keele in collaboration with the University of Oxford and the Arthritis UK group[5] to specifically measure health outcomes. This resource and the expertise at Oxford University on the subject were felt to be of benefit to the CCG as they consider evaluation of the MSK service, so the following is recommended:

Recommendation 10:
The Group identified that national research on the evaluation of health outcomes of MSK services has not been used to the best advantage for a new service in Oxfordshire. National research on the evaluation of MSK services should therefore be reviewed and applied to the Oxfordshire system to understand the benefits for patients.

Triaging and governance

6.25 The Task Group identified that there was a willingness from Healthshare and from clinicians in secondary care to work together to find solutions to the issues being experienced by patients and clinicians. There was a clear desire to develop and streamline the pathway and make changes which could help ensure patients get to the right place in the pathway at the right time.

6.26 The following diagram illustrates how patients flow through the MSK pathway between Healthshare and secondary care. This shows that referral management triages patients to the correct part of the pathway.



[5] Arthritis Research UK (2016) The Arthritis Research UK Musculoskeletal Health Questionnaire. Developing and piloting a generic patient reported outcome measure for us across musculoskeletal care pathways.

6.27 Under the previous contract, the MSK hub, which was run by a secondary care provider, employed MSK consultant doctors. It was therefore a consultant-led service for the clinics and triaging process. As the service stands today, Extended Scope Practitioners (ESP) are now the most senior clinicians in undertaking the triage process in the MSK service. This was felt by secondary care representatives to be a valuable addition to the service, however, ESP's are now making decisions which physiotherapists, led by consultant doctors would have done in the past. The result of this is that patients are not always being referred to the right place at the right time. Those not appropriate for secondary care are being referred but those who should be in secondary care are being delayed and a further triaging of patients (by consultant-led staff) has had to be established in secondary care to review those patients who have been referred for their suitability.

6.28 The referral data shows that there have been some significant variances in referral numbers to secondary care and delays in getting patients to the right place at the right time. The data is shown in Appendix D and it demonstrates that there was a sudden surge in referrals from April to May 2018[6] when referrals jumped from around an average of 500 per month, to over 2000 patients per month. The cause of this was explained as a problem with staffing levels being under-capacity issue within Healthshare at the time. There was however no clinical review of this variance to understand the impact on patients. Secondary care clinicians highlighted that the variance and delays in referrals affected patients directly and indirectly. Examples stated were patients being on steroids for unnecessary amounts of time and that during the wait for treatment, patients were not having active management.

6.29 The Task Group identified the following recommendation to help address this issue:

Recommendation 11:
The Group recognised the valuable role that Extended Scope Practitioners play in the delivery of MSK services. However, having doctors involved in the triaging of patients would be more likely to ensure more patients get to the right place for treatment in a timely fashion.

6.30 The current arrangements for understanding and tackling the issues across the MSK pathway involves a monthly contractual meeting between Healthshare and the CCG. Healthshare also meet regularly with Healthwatch Oxfordshire and a further meeting occurs monthly between Oxford University Hospitals FT, Healthshare and the CCG to help work through issues and solutions. Whilst this way of working is helpful, the Task Group felt the governance arrangements around MSK services could benefit from a more formalised collaborative approach. Because of the complexities in managing patients between primary care, community and secondary care and in-line with the spirit of integrated

[6] NB- this data has subsequently been found to be inaccurate with double counting of referrals for the month of May 2018

working, the Task Group supports closer working between commissioners and providers in the MSK pathway. It therefore identified the following recommendations:

Recommendation 12:
Commissioners and providers are currently working together to improve service provision and resolve identified issues. However, commissioners and providers of all services on the MSK pathway could consider working together through a formalised, collaborative, partnership arrangement. It is recommended that primary and secondary care clinicians are considered as being part of this arrangement, as well as managers from the CCG and clinicians from HealthShare.

Recommendation 13:
In-line with the integration of the health and care system, any future collaborative partnership arrangement for overseeing MSK services could consider the future financial arrangements for the entire clinical service within its remit – thus ensuring that finances are aligned with clinical need.

6.31 Because of the identified issues with information collected through EQ5D assessments, the Task Group felt that there is a lack of reliable health outcome data. Outcome data is felt to be an essential part of understanding the impact of the service and whether the issues with demand management have had an impact on patient outcomes or clinical care. Therefore, in addition to recommendation above on EQ5D, the Task Group identified the following recommendation:

Recommendation 14:
To ensure MSK services provide the best possible outcomes for patients, it is recommended that any future partnership arrangement could oversee a clinical review of the care pathways, including those for orthopaedics.

Next steps:

6.32 It was clear to the Task Group that all stakeholders had worked to identify and resolve the issues encountered through the commissioning and transition to a new provider of MSK services, including dealing with legacy issues. Healthshare had acted on a number of points to improve services to patients, including the telephone issues. Healthshare have recruited and moved staff around and introduced a few other changes to ensure phones can be answered quickly. They are also addressing issues with the waits for an appointment through a new process, put in place in October 2018.

6.33 Despite the willingness to act and the actions taken to date, performance on service KPI's remain a concern for the Task Group. They are as follows:

Service KPI	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Referrals triaged within 48 hours of receipt	>65%	7.36%	17.91%	74.30%	69.41%	70.56%	77.60%
Patients requiring diagnostics have treatment plan reviewed within 48 hours of result	100%	100%	42%	85%	93%	92%	71.60%
Referrals sent to secondary care within 3 working days of decision to refer	>75%	21.26%	8.02%	57.60%	12.61%	9.52%	20.60%
First urgent appointment offered within 5 working days	>80%	4.90%	17.90%	28.80%	12.00%	6.70%	6.90%
First routine appointment offered within 20 working days	>75%	6.9%	14.5%	16.8%	11.5%	9.7%	8.0%

6.34 Although performance around the triaging of patients is exceeding targets, the remaining targets around getting patients into the services they need in the targeted time, is not yet being achieved.

6.35 In November 2018, the CCG stated they were working with Healthshare to address these issues. The CCG stated that their Board were made aware of general performance issues with the service and that the CCG's Quality Committee, (a subcommittee of the Board) have received detailed reporting on performance. A draft joint MSK service improvement plan is shown in Appendix E and latest performance (October to December 2018) on secondary referral, urgent appointments are shown as improving in Appendix F.

6.36 To ensure that the performance issues are given sufficient priority and urgency, the Task Group identified the following recommendations:

Recommendation 15:
The Task Group acknowledges and supports how all organisations along the MSK pathway are working together to resolve the identified issues and that Oxfordshire CCG is now closely monitoring the performance of Healthshare. To assist this, it is recommended that

a) The CCG Board, as the commissioner, receive regular performance reports to gain assurance of performance improvements.
b) HOSC receive a report on how Healthshare are meeting their trajected performance against planned improvements in April 2019.

Recommendation 16:
The Task Group acknowledges that Oxfordshire CCG is working with Healthshare to ensure that performance improves. To assist understanding and contingency planning, it is recommended that the CCG Board receive a risk report on MSK services, along with clear contingencies to set out an Action Plan should risk levels escalate.

6.37 Because of the issues which have been raised throughout the work of the Task Group, it was felt that communication regarding the lessons learned by all those stakeholders involved should be shared. The Task Group also felt that the communications regarding how the outstanding issues are being tackled could usefully be shared with patients to offer them reassurance on the services the MSK services in Oxfordshire. The Group therefore make the following recommendations:

Recommendation 17:
There are lessons to be learned from the Task Group's work, for both providers and commissioners of MSK services beyond Oxfordshire. It is recommended that the results be shared with relevant organisations; thought to include Healthshare Ltd, relevant CCGs and relevant NHS England bodies.

Recommendation 18:
To improve the information flow to patients, GP's and stakeholders on the identified issues and proposed solutions with MSK service provision, it is recommended that Healthshare and the CCG work together to provide information through the CCG's website (similar to the model previously used around changes to Cogges surgery).

Learning for HOSC on Task and Finish Group work

6.38 The MSK Task and Finish Group was the first of its kind in providing a more detailed piece of scrutiny than is normally possible through the main committee meetings of HOSC. Throughout the process of conducting the Task Group, HOSC members reflected upon the experiences itself and therefore makes the following recommendations HOSC to consider:

Recommendation 19:
The changes made to MSK services in Oxfordshire were not assessed by HOSC (at the time) as a substantial change in service. However the subsequent impact on patients and the health system across Oxfordshire of the change to a new provider have been extensive. It is recommended that where there is going to be a significant, planned change to the way a service is provided, HOSC needs to be assured that the elements such as activity data, financial implications, impact on workforce and impact on patients have been addressed.

Recommendation 20:
There should be intermediary actions whilst the Task Group is in progress to prevent delays in tackling any issues identified

Recommendation 21:
Informal sessions to gather evidence is a helpful approach for future Task and Finish Groups.

Recommendation 22:
A process is needed where concerns over patient safety and care are identified as a result of the work of the Task Group.

7 CCG reflections on mobilisation of the MSK contract

7.1 Throughout the process, the CCG reflected upon the lessons learned from the process of commissioning and putting in place a new contract for MSK services, these are as follows:

- The mobilisation period was too short but we were tied by OUH refusing to continue with the Hub so giving a target start date which would have been achievable but then we had delays due to OH challenging the process and Purdah due to the election.
- Waiting lists were much longer than originally declared making mobilisation more complex and time consuming
- Providers were not open and honest about a number of things including waiting list size, referrals outstanding at transfer, staff to TUPE across, process, diagnostics etc
- Estates were very difficult to contact in all cases and there is no resource in the CCG to support this function. Estates are run by different organisations. PM spent a lot of time trying to contact people, being put off and then trying to contact someone else.
- IT was involved from the start and took part in the evaluation of the bids. They were not prepared or proactive in getting the IT elements mobilised, so the PM had to spend a lot of time trying to engage them to take ownership and influencing OUH. This should have been the CSU IT's role we felt.
- Diagnostics were engaged in the process early but were not prepared or willing to participate even though they had assured us referral was not going to be a problem. It was and has only been sorted out in December. ICE is still outstanding.
- Diagnostics should not have stopped referrals from GPs to them before we had agreed a date. A date should have been agreed at an earlier stage but we had agreed to deal with it after the start date in September when referrals were not being sent on.

- The letter to patients whose information needed to transfer to Healthshare was too complex. It should not have been written by committee (OH and OUH and us) and we should have been clear with providers that the letter should not be changed and must sent out on the agreed date. This was agreed at the mobilisation meeting but not adhered to.
- The transfer of notes did not happen in the way that was agreed as part of the mobilisation meetings which included incumbent providers and Healthshare. The process of uploading them onto the Healthshare system therefore took a lot longer than was necessary and caused a delay in them being able to start providing the service. This was delayed further due to the notes being transferred in paper form, in boxes, but not in alphabetical order.
- Contracts did a good job. Timetable and actions prepared and followed. Completed in time and to specification.
- The planned care project manager did a brilliant job given the complexity of the mobilisation and lack of support from incumbent providers and the timescales to mobilise
- The new provider was very professional and confident they could deliver on time and they chose to start early to ensure they could manage the service once 1st October was reached. This helped the transition enormously.

8 Recommendations summary

8.1 In summary of the section above and based on the Task and Finish Group findings HOSC, the following are RECOMMENDED to the Committee for its endorsement and onward recommendation to the appropriate bodies. This contains a response to each recommendation from OCCG and Healthshare as appropriate.

Recommendations summary table:

<table>
<tr><th>No</th><th>Recommendation</th><th>For who?</th><th>Response/progress</th></tr>
<tr><th colspan="4">Theme: Commissioning and transition process</th></tr>
<tr><td>1</td><td>The extensive and detailed engagement process to involve both patients and clinicians in the development of model of care and subsequent Business Case for MSK services is commendable and should be an approach used for any similar future businesses cases</td><td>OCCG</td><td>Noted; this would be the CCG's approach albeit proportionate to the issues and in line with the Health and Wellbeing Board adoption of the Framework for planning population health and care needs.</td></tr>
<tr><td>2</td><td>During the Group's work, it was identified that the Business Case for MSK service provision was in-part, intended to improve the cost effectiveness of service delivery. However, there was insufficient and/or inaccurate consideration of the activity levels for MSK services, the local financial circumstances and local workforce implications within the final Business Case. This led to an underestimation of the actual cost and workforce impacts of the specified service. Future business cases would therefore benefit from being commenced and completed with:

a) Accurate activity modelling informed by robust testing and independent challenge of the activity assumptions.
b) By addressing (a), this would better ensure services are specified within the realistic confines of the local financial envelope.
c) A full understanding of the implications for the local workforce</td><td>OCCG</td><td>The Business case was shared with both providers who had an interest (OH and OUH) in the service both at the operational level involved in service redesign and at Executive level.

The numbers in the business case were correct it was later that the assumption of 40% were duplicate patients was made and impacted the process.

a) The CCG has agreed that the activity models and assumptions are widely shared and tested to ensure as accurate as possible.
b) The CCG is looking at how to develop our approach in line with the new framework (as above) to consider population health management approach to better predict future need to support this process
c) The development of stronger Oxfordshire system working and discussion about thinking about system cost and benefit will support better activity modelling and understanding of workforce implications</td></tr>
</table>

No	Recommendation	For who?	Response/progress
3	The Group felt a more collaborative approach to service provision would be helpful in future and it recognised the progress in Oxfordshire around this in recent months. However, to ensure there is sufficient challenge of provider performance, it is recommended that the process of a) commissioning and b) contract monitoring are performed as separate functions within the CCG.	OCCG	The process of commissioning and contracting are closely linked and there are benefits of doing the functions together. There is a need to have a good understanding of the service being commissioned when monitoring the contract. There are other functions within the CCG that are involved in contract monitoring such as finance and quality – this gives sufficient challenge within monitoring performance. Setting the right key performance indicators and having a clear and transparent approach to monitoring and addressing if performance is failing is key to this process.
4	To more effectively manage the transition between providers in any future situation; the CCG could consider the temporary appointment of a dedicated Manager whose responsibility would be to manage all necessary aspects of a provider transition.		With any transfer the CCG would have a manager who was responsible for managing all aspects of the provider transfer. This was in place for the MSK transfer. It is important to note that transition is a contractual requirement of the NHS contract so providers should have made people available to support the transition. OCCG held weekly meetings with all providers involved in MSK and support offered and not taken up.
5	All recommendations made by Healthwatch in their report are supported and endorsed by the Working Group (see Appendix A)	OCCG/ Healthshare	Progress underway – see appendix B
6	All providers in Oxfordshire, are recommended to have a meaningful understanding of the role of Healthwatch and the Local Medical Committee as representative bodies. Providers should be prepared to hear the concerns these bodies raise on behalf of those they represent and respond directly in a timely manner.	Healthshare and other non-Oxfordshire based providers	Healthshare recently met with Healthwatch and have requested regular quarterly meetings.
7	Having Extended Scope Practitioners (ESP) working within clinics offers opportunity for staff development and offers patients	CCG/Healthshare	Agreed

No	Recommendation	For who?	Response/progress
	additional treatment options. This has been a positive change in service which should continue to be supported in future.		
8	Working with groups of patients on lifestyle and prevention activity within the MSK model is welcomed and supported; this aspect of the service should continue to be supported in future.	CCG/Healthshare	Agreed
9	Using the EQ5D, health outcome questionnaire, is a recognised method of understanding the difference MSK services are making to patients. To better ensure reliability of the results of the EQ5D process, it is recommended that best practice methodology be applied to the gathering of this information so that patient outcome and quality information is recorded by the patient themselves (or a patient's nominated representative where necessary) at the beginning and at the end of treatment. It is also recommended that the clinical governance committee of HealthShare review the data obtained from EQ5D questionnaires in the light of the practice to date.	CCG/Healthshare	Healthshare have changed practice so the questionnaire is now filled out by the patient alone prior to the appointment both at their initial and final appointments.
10	The Group identified that national research on the evaluation of health outcomes of MSK services has not been used to the best advantage for a new service in Oxfordshire. National research on the evaluation of MSK services should therefore be reviewed and applied to the Oxfordshire system to understand the benefits for patients	CCG/Healthshare	Healthshare use the MSK-HQ in some of their other services and it was considered by the clinical team. However, because EQ5D is the most widely used multi attribute utility instrument for measuring health related quality of life, it allows greater benchmarking across different services. It also has the benefit of being shorter and quicker for patients to fill in which encourages greater levels of participation. As with all clinical decision this will continue to be reviewed.

No	Recommendation	For who?	Response/progress
	Triaging and governance		
11	The Group recognised the valuable role that Extended Scope Practitioners play in the delivery of MSK services. However, having doctors involved in the triaging of patients would be more likely to ensure more patients get to the right place for treatment in a timely fashion.	CCG/Healthshare/ Oxford University Hospitals	OCCG and Healthshare do not hold the same view as the HOSC Task and Finish Group. HOSC are requested to provide clinical evidence such that this recommendation can be substantiated and the CCG and Healthshare will undertake clinical review of this. Many services up and down the country have ESPs; the Oxfordshire service is no different. Healthshare are looking to work with consultants providing secondary care treatments to create a virtual multi-disciplinary team which would allow for patients that require discussion to do so without being referred to the consultant as happens now. The CCG are supporting this approach.
12	Commissioners and providers are currently working together to improve service provision and resolve identified issues. However, commissioners and providers of all services on the MSK pathway could consider working together through a formalised, collaborative, partnership arrangement. It is recommended that primary and secondary care clinicians are considered as being part of this arrangement, as well as managers from the CCG and clinicians from HealthShare.	CCG/Healthshare/ Oxford University Hospitals/Primary care	There is a bi-monthly MSK taskforce that has GPs, Healthshare, representatives from secondary care providers and secondary care clinicians from Orthopaedic, rheumatology and radiology specialities invited. The agenda for this group looks at pathway issues, problem solving e.g. digitalising diagnostics referrals etc and gives all parties an opportunity to raise issues and resolve them jointly.
13	In-line with the integration of the health and care system, any future collaborative partnership arrangement for overseeing MSK services could consider the future financial arrangements for the entire clinical service within its remit – thus ensuring that finances are aligned with clinical need.	CCG/Healthshare/ Oxford University Hospitals/Primary care	This would be the CCG's practice.

No	Recommendation	For who?	Response/progress
14	To ensure MSK services provide the best possible outcomes for patients, it is recommended that any future partnership arrangement could oversee a clinical review of the care pathways, including those for orthopaedics.	CCG/Healthshare/ Oxford University Hospitals/Primary care	Noted
Next steps			
15	The Task Group acknowledges and supports how all organisations along the MSK pathway are working together to resolve the identified issues and that Oxfordshire CCG is now closely monitoring the performance of Healthshare. To assist this, it is recommended that a) The CCG Board, as the commissioner, receive regular performance reports to gain assurance of performance improvements. b) HOSC receive a report on how Healthshare are meeting their trajected performance against planned improvements in April 2019.	CCG	The CCG receives detailed reports each month on all aspects of the service from Healthshare. This is reviewed at contract monitoring meetings. Information relating to Healthshare's performance is also reviewed by the CCG's Executive Committee and Quality Committee both are committees of the CCG Board. Where relevant issues are reported to the Board. As agreed, OCCG and Healthshare are happy to use this recommendation list as a template to update the HOSC in the June. Therefore the planned improvements from April will be reported in June.
16	The Task Group acknowledges that Oxfordshire CCG is working with Healthshare to ensure that performance improves.. To assist understanding and contingency planning, it is recommended that the CCG Board receive a risk report on MSK services, along with clear contingencies to set out an Action Plan should risk levels escalate.	CCG	As above.

No	Recommendation	For who?	Response/progress
17	There are lessons to be learned from the Task Group's work, for both providers and commissioners of MSK services beyond Oxfordshire. It is recommended that the results be shared with relevant organisations; thought to include Healthshare Ltd, relevant CCGs and relevant NHS England bodies.	Task Group Chairman	
18	To improve the information flow to patients, GP's and stakeholders on the identified issues and proposed solutions with MSK service provision, it is recommended that Healthshare and the CCG work together to provide information through the CCG's website (similar to the model previously used around changes to Cogges surgery).	CCG	A section on the CCG website has been developed. The GP Bulletin is the usual means of communication with GPs.
Learning for HOSC on Task and Finish Group work			
19	The changes made to MSK services in Oxfordshire were not assessed by HOSC (at the time) as a substantial change in service. However the subsequent impact on patients and the health system across Oxfordshire of the change to a new provider have been extensive. It is recommended that where there is going to be a significant, planned change to the way a service is provided, HOSC needs to be assured that the elements such as activity data, financial implications, impact on workforce and impact on patients have been addressed.	HOSC/CCG	Noted by the CCG. The CCG has undertaken its own lessons learned from this process and this does include the system wide overview and confidence on impacts as described here.
20	There should be intermediary actions whilst	HOSC	

No	Recommendation	For who?	Response/progress
	the Task Group is in progress to prevent delays in tackling issues identified		
21	Informal sessions to gather evidence is a helpful approach for future Task and Finish Groups.	HOSC	
22	A process is needed where concerns over patient safety and care are identified as a result of the work of the Task Group	HOSC	

9 Conclusion

9.1 The HOSC Task and Finish Group on MSK Services, is the first of its kind in Oxfordshire. The Group was established in-line with the HOSC and Health Protocol, which works in the spirit of a 'no surprises' approach. The process of working through a Task Group and in a collaborative manner with the commissioner and provider of MSK services has provided the opportunity for independent, healthy and helpful scrutiny of health services which are important for the residents of Oxfordshire.

9.2 HOSC has worked to respond to concerns raised by the public and patients in establishing the Task Group, which has in turn been able to do a more detailed piece of scrutiny on MSK services than the committee's schedule of meetings allows for. This has enabled HOSC to get a more detailed understanding of the issues faced by the commissioners and providers of the service, including how they are working to resolve any identified issues with the service. The Task Group way of working has also allowed time for HOSC to gather the insights of patients, clinicians and staff.

9.3 The Task and Finish Group has understood that the development of a new clinical model for MSK in Oxfordshire was a robust process which delivered a new and improved model. The procurement process which followed on the agreed service specification was lengthy and difficult. This, coupled with the subsequent revelation that the activity assumptions for the specification were inaccurate presented a number of challenges in transition to, and the provision of, the new service. The processes, staffing and resources for the new service have had to be amended to address the reality of demand. This has limited the achievement of efficiencies and resulted in confusion and frustration for patients across Oxfordshire. The concerns raised by patients have been reported, documented and are being responded to by OCCG and Healthshare.

9.4 The recommendations made by the Task and Finish Group have been designed to be constructive in nature. They are intended to support and encourage performance improvements and solutions where they have been found to be needed. The Task and Finish Group seek to provide assurance to the HOSC itself and to the public that local health scrutiny in Oxfordshire continues to strengthen the voice of local people in the commissioning and delivery of health services.

9.5 It is **RECOMMENDED** that HOSC:

- **a) Agree the recommendations number 1-22 in section eight of this report for onward recommendation to the appropriate body and;**
- **b) Receive an update on the progress against agreed recommendations at its meeting in June 2019, as part of the regular CCG update report and Chairman's report.**

11. Acknowledgements

11.1 The MSK Task and Finish Group is grateful to all those who shared and presented information as part of its investigation into the provision of MSK services across Oxfordshire. In particular, the group would like to thank the following people for their openness and co-operation:

- Oxfordshire Clinical Commissioning Group
- Healthshare (Oxfordshire)
- Healthwatch Oxfordshire
- Oxfordshire Local Medical Committee
- Oxford University Hospitals Foundation Trust and the clinicians that participated in the process
- Oxford Health Foundation Trust

Councillor Monica Lovatt
Chairman of the HOSC MSK Task and Finish Group

Contact Officer: Sam Shepherd, Senior Policy Officer
January 2018

healthwatch Oxfordshire

Report to Health Overview Scrutiny Committee Task & Finish Group – MSK Healthshare

September 2018

1 Background

In September 2017 Healthwatch Oxfordshire started to hear from the public and patients about Healthshare. Concerns were raised following a letter to patients who had appointments for MSK services or had been referred for a service. Concerns were raised by patients contacting us by email and telephone, via Patient Participation Groups and their Locality Forums.

The letter told them that their appointments were cancelled and that Healthshare will be in touch to rearrange appointments. The letter was badly written, confusing, frightening to patients, vague about who Healthshare were, gave the impression that patients were no longer being treated by the NHS, no contact details, and left many patients worried about whether they would get a new appointment.

Healthwatch Oxfordshire contacted the Oxfordshire Clinical Commissioning Group (OCCG) and had meetings with representatives of Healthshare to convey the concerns that had been expressed and seek clarification as to what was happening. Specifically:

- the closure of the service at Wantage Hospital
- the poor communication with patients about where their next appointment will be and when – some patients have had their appointment cancelled and do not yet know when – or where – their next appointment will be
- the fact that people have been told their information will be given to the new provider which is a private company.

We subsequently asked for clear communication with the patients and public as to the exact situation. This was actioned by the OCCG and promoted by Healthwatch Oxfordshire through our website. Appendix A details what was posted on the Healthwatch Oxfordshire website on 22nd September 2017.

In early February 2018 we began to hear from patients and the public about issues with contacting Healthshare via their telephone number. This was raised with Healthshare via telephone and a follow-up meeting, and OCCG were informed. Healthshare admitted that they had a problem with the telephone line as they were waiting for a new system to be installed. We suggested that they put a note on their website and direct people to using email to contact them. This was agreed but it took further intervention by Healthwatch and OCCG for this to happen. OCCG informed us that the new telephone system had gone live and should solve these problems being faced by patients.

From February through to June 2018 Healthwatch continued to receive patient stories all of which were negative experiences of the system – referral to receiving the appropriate service. Occasionally we heard about negative experiences of care and signposted patients to the OCCG complaint's procedure and email address

for Healthshare. Most comments we heard were about the patient's journey from GP referral to physio / consultant.

Again, in June 2018 Healthwatch began to hear from patients that they could not get through to Healthshare on the telephone. We alerted the OCCG and met with Healthshare. We were told by Healthshare that they were aware of this issue and that it was caused by 'spikes' in calls for which they had no explanation. Again, we suggested they put the message up on their website directing people to their email address.

1.1 What we learned

The OCCG and Healthshare are receptive to hearing about patient experiences and act – if not always in a timely fashion.

Healthshare, when aware of communication issues, does not always communicate in a timely manner with their patients 'we are aware…' but had not done anything to ease the stress imposed on patients.

Patients and public were from the change over date in September became suspicious of Healthshare and are not shy in coming forward to Healthwatch Oxfordshire with their experiences.

Healthwatch Oxfordshire can effectively inform and influence changes in communication by the provider for the benefit of patients.

From information provided to us by OCCG in August 2018 the waiting times for patients and number of patients waiting is still extremely high. The Business Case – Integrating Musculoskeletal Services 2 March 2015 promised:

- Self-referral – this is still on hold
- Person centred approach
- Information management and technology
- Primary and secondary care interface meeting

Much of what we have heard does not reflect any of the above.

The Business Case also identified benefits (5.5.1 Benefits Table 2). Healthwatch Oxfordshire request that the Task and finish Group assess the attainment of these identified benefits against the quality of the patient experience.

2 Summary of what we heard

In total we have heard from more than 50 patients all often describing a dire patient experience, summarised as follows:

- confusing and poor communication between Healthshare and the patient
- often long and complicated patient experience through from GP referrals, Healthshare, to GP referral, to Healthshare, to hospital, back to Healthshare, referrals…and so it goes on

- people not being able to contact Healthshare by telephone despite frequent, and often over a long period of time, making calls; emails not being answered
- patients not knowing where to go to make a complaint
- long waiting times for appointments

The following sections detail what we have heard from patients about their experience of being referred to Healthshare by their GP. Generally, these experiences are of the process – the patient journey. They include:

- 37 telephone calls to Healthwatch Oxfordshire over a seven-week period July – August 2018
- 10 patient stories – many asking for help with making complaints.
- 8 reviews on Healthwatch Oxfordshire Feedback Centre

Information Healthwatch Oxfordshire has given to individuals including contact telephone number, email address, signposted to Healthshare Oxfordshire web page and 'How we are doing?' link, seAp details who provide advocacy to people going through NHS service complaints, Oxfordshire Clinical Commissioning Group how to make a complaint information.

During our outreach in Wantage in May and Abingdon in August we were approached several times by Healthshare patients (often in error as they thought we were Healthshare) complaining about the administration of Healthshare / appointments / referrals / distance travel.

3 Key concerns and recommendations

1. Constant problems with accessing Healthshare telephone number
    a. Increase capacity at Healthshare to answer calls within agreed time
    b. Do not let people hang on waiting for reply then cut them off!
    c. Offer a call back system

2. Patients not receiving written confirmation of appointment time and location
    a. Automated letter sent within 24 hours of when appointment made with contact number and email for cancellation / further information
    b. Use mobile telephone text for confirmation and reminder

3. Patients are being asked to travel substantial distances to appointments
    a. Review of locations of service considering where people live who are being referred

b. First choice appointment offered at closest location – ask the patient as they will know travel / public transport needs

4. Information about Healthshare not given to patients on referral – confusion arises about whether this is an NHS service or not and how to contact them prior to receiving 'welcome' letter
   a. General Healthshare leaflet given to all patients referred by GP to include contact number, email, commitment to contact within set time

5. The Healthshare complaints procedure, including how to complain, should be accessible on the web site and in paper form. Patients who file a complaint should then be responded to stating whether Healthshare are treating this as a formal complaint.
   a. Healthshare must be required to report to OCCG on complaints received.
   b. Healthshare should place the Healthwatch Oxfordshire widget on their web site, thus giving patients a route to an independent voice.

6. 'How are we doing?' is **not** part of a complaints procedure.
   a. Healthshare should be required to report to OCCG analysis of 'How are we doing?' not just on the patient survey.

7. Patient satisfaction survey does not ask any questions about the referral process or administration.
   a. Healthshare Patient satisfaction survey must include questions about the referral process, and communication between Healthshare and patient.

4 Patient stories

The following ten patient stories have been sent to Healthwatch from patients or their relatives who either wanted help with seeking a solution to their problems or simply wanted Healthwatch to be aware of their experience of the Healthshare service. The stories are reproduced as written by the patient but dates and names have been deleted replaced by [xx] or blocked out in black to ensure anonymity.

In addition, sections 5 and 6 of this report details:

1. what we have heard from patients / members of the public / carers / relatives over the telephone in the past two months
2. extracts of patient feedback left on the Healthwatch Oxfordshire Feedback Centre since February 2018.

4.1 Hip replacement saga

Hip replacement saga - summary

After 20 months the patient met all criteria required for referral for hip surgery; in November 2017 their GP made referral, e-mailed form, to Healthshare. The following is taken from the patients report to Healthwatch Oxfordshire:

'It is not clear to [patient or relative] why a referral to Healthshare was required when the GP was quite clear that hip surgery was indicated, but the GP informed us that this was standard procedure and he could not refer direct to NOC.

The patient heard nothing from Healthshare and on [20 days later] decided to contact them direct via the phone number on the CCG website in that time. {xxx} answered the phone and after she looked at the email inbox, she confirmed that the Dr's [xxx] email referral had arrived on 03/11/2017 but had not been opened. She said that there were 45 emails in the inbox and couldn't understand why Dr x's was still there. She said she would message the "other office". It was unclear to us how the emails were treated as she could not just forward them. She said there was only mobile phone communication at that time, a landline not yet having been installed and we could not phone the "other office" direct as they did not give out mobile numbers to the public. However, she said she would chase up our referral and get back to us.

[She] rang at about 0910 the following day. She said that Dr x's email referral had now been seen by a clinician that morning and as the referral was outside the capability of Healthshare it had been forwarded to the NOC under the 'Choose and Book' procedure. She gave us the phone number so that we could follow this up. Later that morning we picked up a phone message from the NOC to hear that an appointment had been made for my husband to attend outpatient clinic at [xxx] on Monday 27th November! This he duly did – was assessed and placed on the 3 – 4 month waiting list for a hip replacement. We couldn't fault the NOC – very efficient, professional and courteous.

We do wonder what would have happened to the referral if we hadn't chased it up with Healthshare – we would probably still be waiting for the "other office" to do something!'

4.2 Podiatry problem

A colleague of mine from xxxx Patients' Panel wrote me the following email:

"I went today (xx January) to the follow-on appointment from last May when I saw the Podiatry service at Abingdon Hospital [pre Healthshare contract]. I have been waiting for a follow up since July (should have gone back 2 months after my initial May visit). Eventually I had the Health Share appointment today.

I went to a different place (East Oxford Health Centre) but saw the same man who I had seen in May.

He didn't have my notes from my last visit – "sorry we don't have the records, we have to start all that again now with HealthShare" – so I had to go through the whole history etc again.

In the course of giving him all the history, I reminded him how he had proposed treatment at my last visit ("you said you wouldn't recommend an operation as it can be risky"), and he said "the treatment pathways are all different now with HealthShare so what I told you about treating this condition last May is probably different to what I am going to say today". My condition hasn't changed!

Then he told me that the inserts for my shoes which he sorted for me last May (and seem pretty good to me) now have to be replaced by a different kind ("HealthShare use a different provider"). So I had to be all measured up again for something I've already got and works well!

All a bit frustrating – and what a waste of money and resources… Lost notes, changed treatment plans mid way through treatment and duplicate materials …

Added to which the carpet was filthy (on which I had to walk barefoot) and there were no proper consulting rooms – just a big open plan room separated into curtained off sections – so we could all hear each other.

In Abingdon hospital it was clean and pristine with proper clinical spaces and consulting rooms.

I felt a bit sorry for the podiatrist I saw and wondered what all this has done for motivation of staff."

4.3 Lack of physio

An instance of lack of physio - My husband broke a bone in his pelvis. He was told on his return home to organise urgent physio via his GP. This was offered six weeks later. When he could not keep the date offered he was offered one in Chipping Norton (from his home in [the south of the county]). My husband is 77 years old. Had he sat at home in a chair for that time he could have lost significant amounts of muscle. (We knew about bath boards and bought one for access to the bath. Our shower is only accessed by getting into the bath.)

The privatised MSK appears not to be catching up with the "back log."

4.4 March 2018 – 6 months cut off

I wanted to draw your attention to another issue with the MSK service that I hadn't heard about until contacted by a resident. He has an annual MSK podiatry review relating to shoe inserts however when he didn't receive his appointment he followed up to be eventually told by Healthshare that they had filtered out anyone who hadn't been seen in last 6 months and anyone outside that category was discharged from the service without their knowledge. This clearly must be having

an impact on large numbers of people - the extent to which we might not know yet.

He has also forwarded me the correspondence he had with Oxford Health (who he originally approached). Although very detailed, there is a worrying tone in the correspondence from Ox Health which is very unhelpful and confusing for patients who often have no concept of internal markets.

I wondered if you already knew about this issue and whether there could be some further discussion around the 6 months cut-off.

4.5 February 2018

I was referred to the MSK hub in January by my GP as I have a knee injury which is making it difficult for me to walk, weight bear and is incredibly unstable. I had my appointment on [beginning of] Feb. I was quite impressed with the physiotherapist. He seemed thorough and took my situation seriously. He thinks that I have ruptured my ACL and torn my meniscus. He referred me for an urgent MRI and advised me that it would be 2-4 weeks. He also advised me unofficially that I could access an MRI via A and E. He has advised me not to drive and to continue with the crutches.

I contacted the MSK hub today as I hadn't heard anything. They advised me that they had done everything 'their end' and to contact the JR radiology dept. I contacted the JR and they said they had not received anything. I went back to the MSK hub and a different lady advised me that they had not sent my referral yet and they would do it now and to contact the NOC tomorrow (Tuesday). She sensed my exasperation and said they were dealing with thousands of patients, which I do understand, but I wasn't given the right information on 2 occasions. I find this extremely frustrating and am concerned that I now have to wait another 4 weeks for an MRI scan. I previously contacted the Manor who will charge £542 for a knee MRI scan and require a referral. I seriously am considering this but am concerned that if the result goes back to the MSK hub it will get lost in the system again.

My situation has not improved with regards to instability and walking and am relying on friends [for transport etc].

4.6 Trapped nerve

Since October 2017 I have pain in my thighs when I am standing up, walking or reaching up. The pain is much reduced when I am sitting or lying down. In November 2017 my GP, [xxx], referred my case to the Nuffield Orthopaedic Centre.

The background history is that I had similar (but lesser) pain in 2015 which the Falls Clinic identified (after an MRI scan on xx June 2016) as due to a trapped nerve coming out of my spine. While waiting for a triage consultation at the NOC, I started treatment by a physiotherapist, [xxx]. I did exercises under his direction and the pain reduced and I found that I could walk increasing distances without pain. At the NOC triage consultation on xx September 2016 I was advised to

continue physiotherapy and was told that NOC surgeons felt that surgery was not indicated at that time. Over the next year the pain reduced and I found that I could lead a fairly normal life.

But on [xx] October 2017 the pain returned – even worse. I went back to the physiotherapist who reported to my GP that he could not improve the flare up symptoms and suggested reference to a spinal specialist. I was then referred to the NOC in November 2017.

I received a "welcome" on 23 November from Healthshare promising further contact later. This occurred in February 2018 when I was offered a consultation in Oxford in June or in Faringdon in April. I chose to see [xxx] on xx April 2018 in Faringdon. He told me that he would accept me on his Support Programme consisting of advice on pain management and access to a blog on managing spinal problems. I accepted this offer and was promised a confirmatory letter in three weeks. No such letter came, so I telephoned Healthshare on 23 May 2018. The woman who answered said she knew nothing about this programme, but would ask [xxx] to telephone me at 9.10am on 19 June 2018. No such call was received.

I went on holiday from 4 to 11 June 2018 and when I returned I found three messages on my answering machine asking me to come to see [surgeon xxx] on xx June. I then saw him on [xx] June and asked why I had been summoned. He said that I had been referred to him for surgery. I pointed out that in September 2016 the NOC had said that surgery was not indicated. [xxx] said that I should not have been so advised and that, if I changed my mind, I should contact him.

When I returned home and opened the letters which had come while I was away I found a letter from the Churchill Hospital inviting me to a Pain Management Clinic on xx July and a letter from the NOC inviting me to a Spinal Surgery Clinic on xx June. This was rearranged for [xx] July (to be after the Pain Management Clinic).

[Since found out that Healthshare referred patient to NOC and Churchill BUT did not inform the patient. Patient only found out when received letters inviting to attend clinics].

4.7 June 2018

I am writing to you to express my concerns about Healthshare. I have been receiving physiotherapy for a trapped nerve from one of their practitioners, [xxx], who has seen me 3 times of the last three months. Her work seemed to be helping, but then the problem reoccurred, and my GP referred me for an **urgent steroid injection using an ultrasound scan.** (A previous injection without ultrasound had been ineffective.)

When I saw [xxx] I mentioned the referral. She checked on the computer and it was displayed as **a routine referral** and I was offered an appointment in mid-July. I expressed my surprise and dissatisfaction and was told they would check with the GP. I raised the matter with her myself and she confirmed that it **was** an urgent referral and asked her secretary to contact Healthshare. I have learned today from

[xxx] that she had established that the referral was triaged by someone at Healthshare who had never met me and was unaware of my medical history but had nevertheless downgraded it to routine without consulting either my GP or the physiotherapist treating me.

I find it unacceptable that my GP's clinical decision based on her long familiarity with my long-time health needs should be arbitrarily overridden in this manner.

I have now three weeks after the original referral been offered an initial consultation with [xxx] at the Horton Treatment Centre, because Healthshare are unable to offer me an urgent appointment. I find it difficult to believe that Healthshare are fulfilling their contractual obligations satisfactorily.

July update – re response to complaint

Getting a response from either Healthshare or the CCG has like drawing teeth! I have finally received a letter from Healthshare, which I find totally unsatisfactory. I have discussed it with my GP, who was clear that as she did not know which physio was treating me, she could not have contacted her direct. Secondly it was only on the initial referral form that she checked a box about distress ie before the referral was downgraded and not, as they suggest, afterwards.

The CCG have not responded to my concern about whether the contract is being adequately met. When I spoke to someone about this, I was told that they had not realised that I saw it as a commissioning issue, though I think I made this very clear.

The outcome for me was that I received the guided injection on **July [xx]th,** a very long and painful delay, which impacted seriously on my mental health [xxx].

I shall see [xxx] on August [xx]th. He is considering a referral to a spinal surgeon. The saga drags on.

I am very dissatisfied with it all, but I don't have the emotional strength to pursue it any further. I must leave it in your hands.

4.8 Having physio (Healthshare) following joint replacement surgery

April – July 2018

- Pain – suspected DVT
- Physio stopped referred to advanced physio at another site
- Referred to Manzil Way for scan
- Following scan advised see GP asap
- Saw duty GP on day

August 2018

- Saw consultant at JR, after numerous tests including a more in depth ultrasound (I was there all day) was advised I needed to see a [xxx]

specialist at Nuffield and was sent home with morphine for the pain and advised to rest for 6 weeks.

- xx August – received letter form Healthshare asking me to call them to make an appointment – which I was really puzzled about!
- Rang Healthshare was told needed to go to Deer Park to have an injection - queries why as I knew nothing about this and who had requested the injection. Was told to ask at my appointment.
- Attended Deer Park physio -they knew nothing about any injection. I asked why I was there they said for an assessment, I was really puzzled as I had already had an assessment and I explained that I was waiting to go to the Nuffield to see a [xxx] specialist.
- I was told that I would not get an appointment at the Nuffield unless Healthshare deemed it appropriate and was told I had to go for a scan. I asked what about the diagnosis the consultant at the JR had given me, I was told that further investigation was needed before a referral to the Nuffield.
- At this stage I was really upset, in enormous pain and dosed up on morphine. I said I was not going to have an x-ray as I was told by a hospital consultant that I needed to see a [xxx] specialist. I was told that nothing further would be done until I had an x ray as in their opinion they disagreed with the consultant at the JR.
- I agreed to have an X-ray and was then told that the physio I was talking to did not have the authority to sign the X-ray request form and could I pop back in a couple of days to pick up the signed form!!

I am appalled at such a waste of money referring me back where I started in April to be re-assessed for a problem I had in April. I have worked in the NHS and understand the pressures but if what happened to me is replicated many times over then no wonder its in such a mess locally.

Story taken end of August 2018

4.9 Patient Story

Concerned about delays to treatment because of the way the system is set up

I saw my GP in January because I was having further problems with my knee/hip (both of which have been replaced over the years). I asked if I needed to be referred to see the consultant I had previously been under at the NOC and the GP said, “it doesn’t work like that now”.

My GP made a referral to Healthshare for “triage” and sent me for an X-ray and a scan on my knee/hip.

After a long delay I finally saw a “senior physiotherapist” at Manzil Way and she said – “can’t do anything for you its bones, you need to go to see a consultant at the hospital”!!”

I asked if she had looked at my X-ray and scan results -“no, we don’t have access to them”. I asked how she could treat me as a whole person if she didn’t know what my results were?

Following this I was given a form to enable me to choose and book an appointment to see a consultant, however, between seeing my GP in January and getting to see a consultant will take ten months and if I had chosen to go to the NOC to see a consultant it would be 11 months.

The system seems to be set up to delay people getting the best treatment for them by routing them through a "triage" system even when not appropriate. And when you are in the "triage" phase the people responsible do not have access to your test results which makes a nonsense of the whole thing!

4.10 Healthshare Patient story

August 2018

Under Nuffield (NOC) as I had problems with my feet this was in 2016 an I had treatment and medication. Over the last 18 months the medication has not worked so I called the NOC and asked to be seen again. They informed me that I must be re-referred to them as I am no longer under the clinic!

I made an appointment and saw my GP who said he could not send me to the NOC as I had to have an assessment by Healthshare first even though the problem was exactly the same as in my previous visit to the NOC. The GP referred me to Healthshare in early June and some 11 weeks later I am still waiting for an appointment.

I have tried ringing, emailing and to be honest it is all a waste of time you wait on the phone and wait and wait…..

I have written to Healthshare to complain and to the OCCG and I am dissatisfied as it appears that Healthshare is blocking the system and I think the OCCG have commissioned a very poor contract and should be looking at their commissioning practices.

5 July and August 2018 – Healthwatch Oxfordshire telephone contact with public / Healthshare patients

Issue	Comment & action
Wrong number	Googled Healthshare and called Healthwatch – 18 calls in this period. Gave Healthshare number and email address Advised about Healthwatch Oxfordshire Feedback Centre
Contacting Healthshare	Wanted to contact Healthshare and didn't know how to - GP had referred them.
	Had lost letter from Healthshare and googled physio Manzil Way and got our number - gave number for Healthshare and advised to feedback any experiences on the Healthwatch website
Telephone system not working / no reply etc	Has been ringing number for a week, but never picked up...just message so can't get through (2 callers)
	Cannot get any answer on telephone been trying for one week on and off. Gets an automated message saying you are in a queue and then after a period of time gets told no one here to take your call. Very angry and frustrated said commissioners of these services should be ashamed of themselves because they are not fit for purpose. Was going to get in car and drive to Manzil Way to make an appointment with the receptionist.
	Couldn't get anyone at Manzil Way to put him through to physio
	Patient could not find number for Manzil Way
	Caller couldn't find number for Healthshare physiotherapy in Witney. Gave number. Called back as got no such number tone when she dialled it. Gave email address as an alternative
	"Is that the Manzil Way physiotherapy centre". Gave him the central Healthshare number.
Appointments	Had an appointment made by Faringdon Physio and was not given any information such as a card with the appointment time Monday. Caller forgot the time and needed to contact Healthshare but had no contact details.

Issue	Comment & action
	Tried to book appt with orthopaedic surgeon following Healthshare appt. was told need PIN number from Healthshare…has not received. Tried to ring them to find out how to get but can't get though so stuck
	Couldn't find number to contact Manzil Way physio centre (2 callers)
	Caller couldn't find number for Deer Park Physio centre Frustrated because could not find number for Deer Park physio centre (2 callers)
	"I was trying to get through to the physiotherapy department"
	Couldn't get through on the phone, no one available to take his call. Wanted to confirm appointment was going ahead as had been given on the phone with no letter confirmation.
	Woman phoned Healthwatch Wednesday evening. Had been trying to get through to Healthshare at Manzil Way since Monday. Worried as had been trying to change appointment which she had now missed. Phone rings then cuts caller off. Had tried emailing but got automatic reply saying appointments could not be dealt with on this email address.
	Caller had confused us with Healthshare. Gave them correct number ad email. Wanted to change appointment.
	A man called to say his wife has been given an appointment for physio at Townlands, Henley. They live in Bicester and she has had two previous appointments at the Community hospital there so does not understand why they have to trek to Henley. Also, no postal letter confirming the appointment yet- so he says they wouldn't have any idea where to go if he hadn't lived near Reading before. (I gave him the Healthshare email address to contact them to follow this up).

6 Healthwatch Oxfordshire Feedback Centre (web based)

Rating	Title	Review
1	Appalling, disorganised bad service	Unacceptable long wait for appts, no continuity of care as difficult to see same physio who knows you so have to go over problems again so feel there is no progress. The central number for appts is not patient friendly, over 20min wait to speak to someone to simply change an appt. it was far better when you could ring the clinic you were attending. Too many services going through 1 phone number. I also found it confusing as my GP had also referred me to Rheumatologist but the letter said it was a referral to the MSK Assessment Triage and Treat Physiotherapy & Podiatry Service, I was put on hold (having already waited 15mins to be connected) when I queried that I was already having physio for her to read my notes to find out this was the referral the Rheumatology Consultant!!!
1	Five months to get an appointment	I had a knee injury and have got an appointment after five months for Healthshare physiotherapy. My knee has got worse and it affects my work. Still two weeks away from the appointment I was offered in January 2018.
2	Not a joined-up service	My contact with staff was good, however I had to chase appointments and results every step of the way. I got the distinct impression if I had not followed up on results, my case would have disappeared in the system. I started the process in Dec 17 requesting the GP to refer me back to the surgeon who performed an operation on my knee several years ago. My GP said this wasn't possible and that I had to go via a triage system. Six months and 3 face to face appointments, 1 possibly unnecessary MRI, multiple phone calls later guess what! I ended up in the clinic of the surgeon who initially operated on my knee.
5	Trying in vain since Monday 13th to cancel appointment	I have tried since Monday 13th to get through to 01865 238108 to cancel my appointment for the Podiatrist. The phone is answered by an answering machine saying my call is being dealt with, then says there is no one to take your call please call back. It is now 15th and

Rating	Title	Review
		I am getting the same message. This is very bad to have such a service for the Oxfordshire health service
2	Long wait, little communication	It was a very long wait to be seen. I had a very challenging injury that didn't respond to physio, at that point I didn't feel listened to.
	Dire appointment system over 5 months delay	The worse medical experience I've ever had. Appointment system is pathetic. The consultant rushed through my assessment ignored back problems offered a steroid injection for a hip which he said had excellent movement didn't discuss my medical history which inc. diabetes & thin bones & discharged after 4.5 minutes with no further advice or follow up. [xxx]
3	Too far from home	Live in Grove but was referred to Wallingford for physio. Too far.
3	Appointment cancelled last minute	Physio I saw was good. Sent fit MRI and three weeks later I'm waiting for results when told it would be two. Cannot contact anyone. Cabt leave messages. Have requested contact from online message service not heard anything. I'm in a lot of pain and debating taking myself to A&E totally disgusted does not even describe how I feel. Absolutely dreadful aftercare.
1	Very Unhappy	Not impressed i was sent for an xray by es practioner. Waited at hospital for 2 1/2 hours then to be told she had not filled ut the request form correctly.
1	Unable to speak to anybody in 8 days	You as a body are a complete shambles
2	Complete waste of a days leave	Waited months for an appointment for a steroid injection and they refused to do it. Accused my doctor of misdiagnosis and refused to accept that a person with Hypermobility Syndrome could have the problem I was diagnosed with. Left there feeling humiliated, in pain and in tears.
3	Treatment for knee pain	After an extended period of physio for knee pain which was only partially successful I was referred to a senior physio in November 2017. I was offered aspiration and corticosteroid injections. After the second injection in February it was clear that this treatment was not successful. I had to wait for 10 weeks for a further appointment at which I was told I was being referred to a surgeon. In fact I was not referred then, but put on a waiting list to be referred. I waited a further 6 weeks before receiving the referral letter. since then things have progressed more quickly and I will have surgery in the next few weeks. When I was already 'in the system' I fail to understand why it took so long to be referred to a surgeon. I have no complaints about the treatment offered by the physios. Unfortunately it happened as my knee was deteriorating more rapidly and the best efforts would not have made any difference.

healthwatch Oxfordshire

Appendix A

Healthwatch Oxfordshire – public statements

Physiotherapy services in the county – response from Healthwatch Oxfordshire 22 September 2017

Healthwatch Oxfordshire has heard from many patients that they are concerned about what is happening to their appointments with the new physiotherapy service.

People have told us they are concerned about:

- the closure of the service at Wantage Hospital
- the poor communication with patients about where their next appointment will be and when – some patients have had their appointment cancelled and do not yet know when – or where – their next appointment will be
- the fact that people have been told their information will be given to the new provider which is a private company.

We understand that the new service will mean shorter waiting times for appointments, but at the moment some patients are feeling that the service will be worse with longer travel times to appointments especially in the South West of the county.

Healthwatch Oxfordshire is speaking to all concerned – Healthshare Ltd (the new provider), Oxfordshire Clinical Commissioning Group, Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust – to find out what is actually happening.

In the meantime, we urge all concerned to work together so that patients are properly informed about what is going on and that appointments are made as soon as possible.

For further information about where services will be delivered please see the Oxfordshire Clinical Commissioning Group web site – follow this link http://www.oxfordshireccg.nhs.uk/news/physiotherapy-services-in-oxfordshire-an-update/37687

Appendix B - CCG Response to Healthwatch Oxfordshire Report on MSK services

Oxfordshire Clinical Commissioning Group

Oxfordshire CCG response to Healthwatch review of HealthShare
4 October 2018

Oxfordshire CCG thanks Healthwatch for their report on HealthShare's service, and the follow up conversation with our head of planned care and long term conditions.

We recognise the content of the report and service issues many of which arise from long standing challenges to offer timely care for patients, and have been working with HealthShare to improve the newly commissioned service.

The following details the actions that are underway or will be taken to address the recommendations in the report.

1. Constant problems with accessing HealthShare telephone number issues raised:

a. Increase capacity at HealthShare to answer calls within agreed time –
b. Do not let people hang on waiting for reply then cut them off!
c. Offer a call back system

Response to date:
HealthShare currently receives a high number of calls daily, reported to range between 300 and 1,400 calls/ day.
It has been recognised that the administrative system requires restructure to improve response times/rates to meet the enquiry demand and better meet patient booking needs. Addressing recommendations 2-7 will also relieve the telephone system pressures. The following specific measures have been taken will directly relieve pressure on the phone system:

i. HealthShare have commenced booking a first patient appointment and sending out an appointment letter to the patients directly following processing the referral (after triage), this aims to be within 7-10 days.
ii. HealthShare have automated certain administrative functions to increase staff allocation to answer and process calls
iii. Additional staff are being employed to handle calls
iv. Plans are underway to make a Choose and Book process, available to all HealthShare patients, enabling patients to book online and match a preferred location, with a preferred date.

Review and monitoring:
OCCG plan to work with HealthShare to support improvement and to monitor call response rates and call abandonment rates.

2. Patients not receiving written confirmation of appointment time and location.

a) Automated letter sent within 24 hours of when appointment made with contact number and email for cancellation / further information
b) Use mobile telephone text for confirmation and reminder

Response to date:

i. HealthShare have commenced booking a first appointment and sending out an appointment to the patients directly following processing the referral (after triage)
ii. The appointment letter is followed by a text message reminder for the appointment

Review and monitoring:
Time frame to first appointment will continue to be monitored in routine reporting from HealthShare.

3. Patients are being asked to travel substantial distances to appointments

a) Review of locations of service considering where people live who are being referred
b) First choice appointment offered at closest location – ask the patient as they will know travel / public transport needs

Response to date:
HealthShare currently provide services in the following Oxfordshire Locations for MSK services:

- East Oxford Health Centre, open Monday to Friday, appointments between 0800 and 1730
- Horton Treatment Centre, Banbury, open Monday to Friday, appointments between 0800 and 1730
- Chipping Norton Health Centre, open Monday to Friday, appointments between 0800 and 1730
- Bicester Community Hospital, open Monday to Friday, appointments between 0800 and 1730
- Deer Park Medical Practice, Witney, open Monday to Friday, appointments between 0800 and 1730
- Wallingford Community Hospital, open Monday to Friday, appointments between 0800 and 1700
- Townlands Community Hospital, Henley, open Monday to Friday, appointments between 0800 and 1630
- White Horse Medical Practice, Farringdon, open Monday to Friday (currently excluding Thursday), appointments between 0800 and 1700
  Woodlands Medical Centre, Didcot, Wednesday and Thursday only, appointments between 0800 and 1700

- Park Club Leisure Centre, Milton Park, Abingdon, classes only Tuesday and Friday afternoons

i. For secondary care referral (on to other services) patients are now offered their appointment via a Choose and Book process, enabling patients to book online and match a preferred location, with a preferred date
ii. Plans are underway to make a Choose and Book process, available to all HealthShare patients, to further increase patient choice

Review and Monitoring
Oxfordshire CCG is aware of further need. This need and capacity to meet it will be assessed through coming contract review processes.

4. Information about HealthShare not given to patients on referral – confusion arises about whether this is an NHS service or not and how to contact them prior to receiving 'welcome' letter

a) General HealthShare leaflet given to all patients referred by GP to include contact number, email, commitment to contact within set time.

Response to date:

i. A patient workshop was held by HealthShare in Cowley on 28 September, contribution from the workshop confirmed the need for a brochure and website link, to outline the point above, regarding HealthShare's identity, it's links to the NHS, the fact that the service is offered free of charge (not private), the nature of the services offered and who the service delivery team are (professional skill mix).
ii. The need for this leaflet to contain clear and responsive contact details was also highlighted
iii. In addition to the Healthwatch's suggestion of providing this to GP's to be given to patient, the suggestion was made at the patient workshop, to attach this to the first appointment letter
iv. Planning for patient self-referral is progressing

Review and Monitoring
This will be reviewed and progressed through operational review meetings and processes

5. The HealthShare complaints procedure, including how to complain, should be accessible on the web site and in paper form. Patients who file a complaint should then be responded to stating whether HealthShare are treating this as a formal complaint.

a. HealthShare must be required to report to OCCG on complaints received.

b. HealthShare should place the Healthwatch Oxfordshire widget on their web site, thus giving patients a route to an independent voice.

Response to date:

i. HealthShare will add their complaints procedures to their website and practice resources, with clear information on how to make a complaint.
ii. Addition of a link to the Healthwatch website for leaving comments and feedback.

Review and Monitoring
This will be completed by task by Friday 19 October 2018

6. 'How are we doing?' is **not** part of a complaints procedure.

a) HealthShare should be required to report to OCCG analysis of 'How are we doing?' not just on the patient survey.

Response to date:

i. OCCG have requested addition of "How are we doing ?" to evaluation data reported on in the contract.

Review and Monitoring
This will be completed by Friday 19 October 2018

7. Patient satisfaction survey does not ask any questions about the referral process or administration.

a) HealthShare Patient satisfaction survey must include questions about the referral process, and communication between HealthShare and patient.

Response to date:
Additional questions will be included in the patient evaluation related to the referral process and communication between HealthShare and the patient. Sample questionnaire will be shared with HealthShare.

Review and Monitoring
This will be completed by Friday 19 October 2018

Conclusion

Oxfordshire CCG recognises the problems some patients have experienced and will continue to monitor the issues raised in the Healthwatch report and those experienced by patients and ensure that the actions outlined are implemented and the areas of concern improved upon, to ensure a more joined up and streamlined patient experience.

Appendix C - Healthshare Response to Healthwatch Oxfordshire Report on MSK service

Healthshare Report – Healthwatch Oxfordshire response Oct 18

Introduction

We welcome the report prepared by Healthwatch Oxfordshire on the Healthshare MSK service in Oxfordshire, prepared in September '18, and are pleased to able to respond to the concerns raised. We take very seriously the patient voice in our services, and the report will form part of the extensive feedback processes both in place and in development as part of our service provision. We acknowledge the concerns raised and would like to outline actions in response. We are very proud of the work and service delivered by our team thus far for the vast majority of patients and are keen to further develop the service with the support of the CCG, GP's and patients.

In order to provide a full response, and place the service in context, we will here:

1. Briefly summarise the situation inherited by the Healthshare Oxfordshire team
2. Respond to Healthwatch's Key Concerns and recommendations
3. Outline development plans in place and planned as a further response

1.

- Healthshare were tasked with taking over and integrating several separate services, with widely divergent cultures and systems across teams from two organisations, into one new referral stream.
- We inherited a backlog of 12,500 patients, with waiting times of up to 7 months for routine treatment.
- The previous providers had continued to book patients into appointments after the transfer date, without a coherent record transfer, making it extremely problematic to respond to patient queries.
- Some clinic sites were not made available to Healthshare
- We have received 56,000 new referrals in our first year, which represents circa 35% more than planned during commissioning.

2.

Healthwatch - Key concerns and Recommendations

1. Healthshare Telephone access:
   We are aware that access over the telephone has not been acceptable and agree that further improvements are required. It is not sustainable to manage calls in the region of 1,600 per day, and are putting in place more robust email contact

and changed the way we book patients with appointment letters issued within 7-10 days. We are also putting in place new software, developed jointly with PS Health, to automate some of the administration processes. We are also investing in more administration staff, with the proviso that within finite funding we will prioritise clinical risk and staff.

We are trying to establish more control over the phone system at our main administration hub, which is controlled by OUH, to allow more flexibility and immediacy to modifying patient messages and wait times on the phone.

2. Written confirmation of appointment:
   We have now changed the booking process to include a letter of confirmation. We have been working with a company called MJog, who specialise in automated appointment reminder systems, and who have this week confirmed that the module is compliant with our Patient Administration System. This will allow immediate and automated appointment reminders in the very near future, with options to change that appointment by return.

3. Distance to appointments:
   We would very much like to improve access in some areas where it has not been possible to provide continuity of service from the previous provider. As previously described certain sites were not made available to Healthshare on service transfer and there continues. We are continuing to explore options for accommodating the service with the CCG to allow further access, but there are also considerable availability and cost pressures within Oxfordshire estate.

   Patients are given, as far as has been possible, the option of both the first available appointment and the nearest available appointment, as a matter of choice.

4. Information on Referral
   We have provided each GP with a full A5 booklet detailing the service and will take the recommendation to modify this and provide a one-page summary information sheet that is more accessible for patients.

5. & 6. Complaints procedure
   We note that we will check accessibility to paper and web complaints process. We will review the 'How are we doing' tab and look at making this more explicit

as a complaints procedure, whilst maintaining the requirement for all types of feedback. Our complaints policy is to respond as stated; we will audit this on a regular basis to help ensure compliance.

We are very happy to embed the Healthwatch widget on the service portal.

Healthshare report complaints and compliments, from whatever route, to the CCG as part of standard reporting frameworks.

7. Satisfaction surveys
   We will review the satisfaction survey with the CCG and add content regarding the referral process and communication.

3.

The following are initiatives and development plans in place with regard to engagement. We would welcome dialogue with Healthwatch in delivering these programs.

- Patient engagement days are underway in each locality
- A virtual patient group is being developed to capture feedback from those patients under-represented at organised, face-to-face meetings.
- We have in place a series of GP engagement days
- We are assisting in putting together a regular PPG for the service

In conclusion we would like to share our Friends and Family data as part of the published report which shows that of close to 1,000 respondents in April, 93.1% would be likely or extremely likely to recommend the service.

We hope to work more closely with Healthwatch and patient groups to continually improve the service, and thank Healthwatch for the report, which will inform several immediate improvements.

Neil Cook MMACP SRP
Director
Healthshare

Appendix D: Healthshare Referral Data

Activity		Backlog	Sep-17	2018-19												2018/19 YTD
		Backlog	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	
Referrals	**Total received**	**8,737**	**4,015**	**6,645**	**6,799**	**3,928**	**5,295**	**4,968**	**5,230**	**5,656**	**5,723**	**5,569**	**5,200**	**4,766**	**5,031**	**31,945**
Patients triaged and referred without being seen in service **Service referred to**	Orthopaedic department	157	720	486	594	369	326	369	555	779	2043*	1132	1148	957	569	**6,628**
	Pain rehabilitation	1	7	6	0	0	0	1	1	1	0	2	4	11	3	**21**
	Refer to pain clinic	58	56	85	98	33	10	66	61	75	148	105	79	76	46	**529**
	Referral to falls service	0	0	1	5	0	0	4	1	1	4	1	1	2	1	**10**
	Referral to fracture clinic	0	1	4	5	1	1	1	2	2	3	1	3	0	1	**10**
	Referral to neurology service	0	2	4	2	4	2	12	18	2	16	11	9	3	5	**46**
	Referral to Other services	32	48	86	113	103	132	87	94	78	0	304	156	0	101	**639**
	Referred to podiatry	9	81	35	8	11	20	36	30	34	27	5	4	3	2	**75**
	Rheumatology	50	166	289	237	174	167	221	203	190	374	278	224	205	228	**1,499**
	Suspected sarcoma	2	6	5	0	0	3	0	2	1	0	0	1	1	3	**6**
	Total referred on from triage	**309**	**1087**	**1001**	**1062**	**695**	**661**	**797**	**967**	**1163**	**2615**	**1839**	**1629**	**1258**	**959**	**9,463**
	Percentage accepted referrals referred on	3.54%	27.07%	15.06%	15.62%	17.69%	12.48%	16.04%	18.49%	20.56%	45.69%	33.02%	31.33%	26.40%	19.06%	**36%**

*NB: the data for the month of May 2018 has been subsequently found to be inaccurate- with referrals being double counted.

Appendix E: Draft - Joint MSK service improvement plan

Last updated 18/01/2019
How we will get there

Strategy	Action plan (how)	Timing – Completion Date	Responsibility	Status	
				Active	Completed
			Overall OCCG monitoring role		
Waiting times improvement	Target >95% of referrals to secondary care sent to external provider within 5 working days of decision to refer **(minimum cut off 75% for no payment**	1st November 2018	HS		
	Target 95% Urgent referrals that are seen within 7 working days (from date of referral across all services) **(minimum payment cut off >80%)**	1st February 2019	HS		
	Target >95% of people seen within 30 working days (from date of referral) when their condition is routine (Across all services) **(minimum payment cut off >75%)**	1st June 2019	HS		
Provider responsive service	• Phone response • Appts sent post triage • Complaints process clear on website • Improved – ongoing monitoring	November 2018 and ongoing monitoting	HS		
Mobilisation of full specification service	• Mob. of outcome reporting full schedule 6 data reporting • Development of data quality improvement plan Dec 18 • Shared decision making for all patients referred on to secondary care (F:F or on the phone - ? other)	November 18 - February 2019	OCCG /HS		

Strategy	Action plan (how)	Timing – Completion Date	Respon sibility	Status	
				Active	Com plete d
Clinical triage	• Review onward referral data - on agenda for Nov. MSK taskforce meeting • Consultant to Consultant referrals - reviewed Sept 2018	Septembe r 2018	OCCG		
GP liaison, support and education	Seek to improve primary care management in collaboration with GPs - consultation with locality meetings underway – 3 completed – ongoing activity	30 Nov 2018	OCCG /HS		
	Improve GP understanding of service, to help avoid GP's trying to bypass our service and go straight to secondary care, via 1. Increase understanding of the scope of Health Share services, via patient leaflet, posters, presentation of case studies, practice support and education. 2. Increased responsiveness of service 3. Demonstrate increased responsiveness of service	Planning for November 2018 – April 2019	HS		
	Develop GP education process and look to get a GP feedback survey in place for new year	March 2019	HS		
	GP education and support to provide first contact physio in primary care	March 2019	HS		
	Practice level MSK education sessions	March 2019	HS		
	Further provision of resource material – patient leaflet, team profile, key reference information	February 2019	HS		
	HealthShare to hold one to one visits to review guidelines	Ongoing	HS		

Strategy	**Action plan (how)**	**Timing – Completion Date**	**Respon sibility**	**Status**	
				Active	**Com plete d**
Self -Referral	Self -referral - Plan agreed and in process	November 2018 – February 2019	HS		
Patient engagement -	First consultation process completed	October 18	HS		
	Patient leaflet in draft to be provided as per previous action.	November 2018 – Reschedu led to February 2019 to coincide with self referral launch	HS		
Advice and guidance - for GP's	Currently GP's have access to a direct email, which will respond within 48 hours, Healthshare feel that this is working well	Under review – assess February-March 2019	HS		
Reporting	Docman, does it need to be implemented? HS currently using SPINE email - reported to be working well- understand triage process better	Ongoing	OCCG		
Pathways	OUH Rheumatology – Check that Rheumatology triage in HS is fit for purpose and clinically resourced – may need more. MSK TF have asked, KB has offered consultant to support at cost £	Ongoing Audit in planning phase schedulin g for February –March	OCCG /HS		

Strategy	Action plan (how)	Timing – Completion Date	Responsibility	Status	
				Active	Completed
		2019			
	Spinal pathway – incorporating actions of clinical pathway meeting	December 2018	HS/OCCG		
	Previous history of cancer checkbox added to referral forms	December 2018	HS/OCCG		
	Improve GP eRS visibility over patients in their pathway Check with GP's and David Chapman	For review February 2018	HS/OCCG		
Waiting times and KPI reporting improvement	Diagnostic pathway to be improved with clear process on imaging results - ICE to be implemented to enable clear and timely communication of Imaging results to GP's	ICE use now successful in pilot phase	HS/OCCG		
Website and communication process	Signposting to website incorporated into patient leaflet, patient letters and posters	Rescheduled to 1 February 2019 All resources in final draft for printing			

Ongoing actions/reporting/monitoring from previous plan – In relation to Healthwatch draft recommendations					
Strategy	**Action plan (how)**	**Timing – Completion Date**	**Responsibility**	**Status**	
				Active	**Completed**
			Overall OCCG in monitoring role		
Call response times for patients	First phase completed Monitoring program underway	See above ✓	HS		

Ongoing actions/reporting/monitoring from previous plan – In relation to Healthwatch draft recommendations					
Strategy	**Action plan (how)**	**Timing – Completion Date**	**Responsibility**	**Status**	
				Active	**Completed**
Patient information regarding appointment and waiting times	Continued monitoring of KPI's Improved letter and communication process for patients Patient information leaflet	See above ✓	HS		
Distance travelled to attend appointment (F:F/Imaging)	Initial report received November 2018 Establish periodic reporting process	See above ✓	HS		
Information provided to patient via GP	Dissemination and use of patient leaflet Dissemination and use of electronic (PDF) leaflet	See above ✓	HS		
Information provided to the patient via Healthshare	Leaflet, and weblink provided in addition to appointment letter letter	See above ✓	HS		
Complaints procedure activity	Include item in weekly meeting with Healthshare and OCCG non Datix issues	✓	HS/ OCCG		
Complaints report to OCCG	Reporting included in performance report	✓	HS		
Patients satisfaction survey update	To include questions on administration, referral process and communication between Healthshare and patient	Survey updated – for review	HS		

Adhoc actions and targets will not be recorded unless of particular significance

Please note, this is a dynamic working document

Operational Meeting Standing Agenda

1. Operational issues
2. Complaints/issues
3. Action plan review – action log
4. Performance – Trajectory

Appendix F: Latest performance for Healthshare MSK contract

Area	Service KPI	Target	Apr-Jun '18 monthly average	Jul – Sep '18 monthly average	Oct '18	Nov '18	Dec '18
Outcomes	% of patients with an improvement in at least one dimension of EQ5D	85%	91%	92%	86%	81%	90%
Process and onward referrals	% of patients triaged within 48 hours	95%	33%	73%	69%	95%	83%
	% of patients referred on within 5 working days to secondary care (where required)	95%	29%	14%	59%	67%	90%
Access and waits	No. new urgent patients seen (and proportion of those within 7 days of referral)	75%	513 (17%)	610 (8%)	976 (5%)	504 (12%)	815 (14%)
	No. new routine patients waiting (and proportion of those within 30 days of referral)	75%	2,123 (13%)	3,598 (9%)	1,623 (24%)	2,031 (10%)	3,123 (10%)
	Total no. patients waiting			N/A (not reported)	6,196	8,258	3,892

In the table above there has been an improvement in the number of people and percentage of people triaged within 48 hours which is important in order to identify those people requiring early referral or treatment. The improvement can also be seen in the number and percentage of people referred within 5 days when they require secondary care.

Outcomes vary slightly but are generally good and within the threshold set.
The waiting times remain high but Healthshare have a minimum target to deliver 75% of urgent referrals by 1st February 2019 which they are on track to do. The target has changed from urgent referrals being seen within 5 working days to 7 days. With an improvement in urgent referrals comes a temporary deterioration of routine referrals until capacity can be balanced out. Routine referrals will be seen within 30 days (previously 20) by 1st August 2019. This is because with the increase in referrals and the CCG available resources we need to target on the greatest need. New targets were negotiated as a result. These were renegotiated in October and November 2018.