

Health Scrutiny Report January 2023

Meeting Date	February 9 th 2023
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INTRODUCTION

Connect Health, a national provider of NHS community services including MSK (musculoskeletal), chronic pain, rheumatology and mental health, was successfully selected to deliver the Oxfordshire Community MSK service, in partnership with Principal Medical Limited, an Oxfordshire-based GP-led not for profit, primary and community care provider and GP Federation. The new service commenced on October 1st 2022.

The former Oxfordshire Clinical Commissioning Group (OCCG) carried out a comprehensive procurement process for the service, which was informed by patient experience, feedback and input from the Pain Management, Orthopaedics and Rheumatology services at Oxford University Hospitals (OUH), Oxfordshire GPs and others.

The Oxfordshire Community MSK service, receives between 5,000 – 6,000 referrals per month and the quality of service provision is paramount, not only to the patients it serves, but also to the whole MSK care system locally.

THE MOBILISATION

Upon award of the contract Connect spent 6 months working with NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board, the incumbent provider; Healthshare and other providers/stakeholders within the locality to mobilise the new service model and transfer the care of 18,942 patients. These patients were separated into 3 categories:

Backlog – These were patients who had been referred to the Healthshare service but were yet to have an initial appointment. There were 5,414 backlog patients (1498 were accepted prior to go live date).

Transition – These were patients that were in an active treatment pathway with Healthshare – There were 6008 transition patients.

PIFU – these were patients that had been seen in the Healthshare service and were on a list to re-engage with the service if they required within a 6-month window. These patients had no follow up appointments booked and would only be seen in the service if they made contact for a review. There were 7523 patients who were on a PIFU pathway.

As of 24th January 2023 100% of all backlog patients have started their treatment in the new service. 92% of the transition patients have been seen within the service. The majority of the remaining 8% of patients are awaiting an injection appointment. We have super injection clinics being mobilised from February onwards to support.

The clinical model being mobilised was different to that of the existing model including a higher proportion of face to face clinical activity. Clinicians that have TUPE'd over from the previous provider and new starters have been through an extensive induction period to ensure that clinical pathways, clinical ethos and guidelines are all clear and to identify training needs.

As recommended by the Health Scrutiny Committee in 2019, there is a dedicated specialist mobilisation teams from both Connect Health and NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board, this includes a Senior Commissioning Manager whose role was to manage the transition. Both teams remain in situ at 3 months post go live and meet on a weekly basis to identify and resolve any issues.

CHALLENGES

NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board and Connect Health have been working together to reflect on challenges and lessons learnt during the mobilisation to ensure that not only does learning facilitate immediate change but also so that we can share that learning with our colleagues when considering future mobilisations.

Table 1. Challenges during pre and 3 months post mobilisation

Challenge	Actions Taken	Outcomes
<p>TUPE list</p> <p>The outgoing provider (Healthshare) shared the final TUPE list including working days, working patterns and working location of the clinicians just 10 days before the service was due to go live. Connect's clinical model identified that the service needed 50FTE and the final TUPE list contained 20FTE. From the final TUPE list there were no clinicians that were based/worked in the South of the County.</p>	<p>Actions taken:</p> <ul style="list-style-type: none"> • Connect recruited 18FTE before go live • Connect have recruited a further 10FTE post go live • Connect's recruitment strategy changed and roles were advertised for South based clinicians only. 4FTE have now started delivering face to face clinics in the South and a further 2FTE are due to start in coming months. • Whilst Connect were recruiting, inducting and training new colleagues, locums were recruited to support timely 	<p>38FTE started on the service go live, a further 10 FTE have started since taking the service to within 10% of full FTE. Recruitment continues with good uptake.</p>

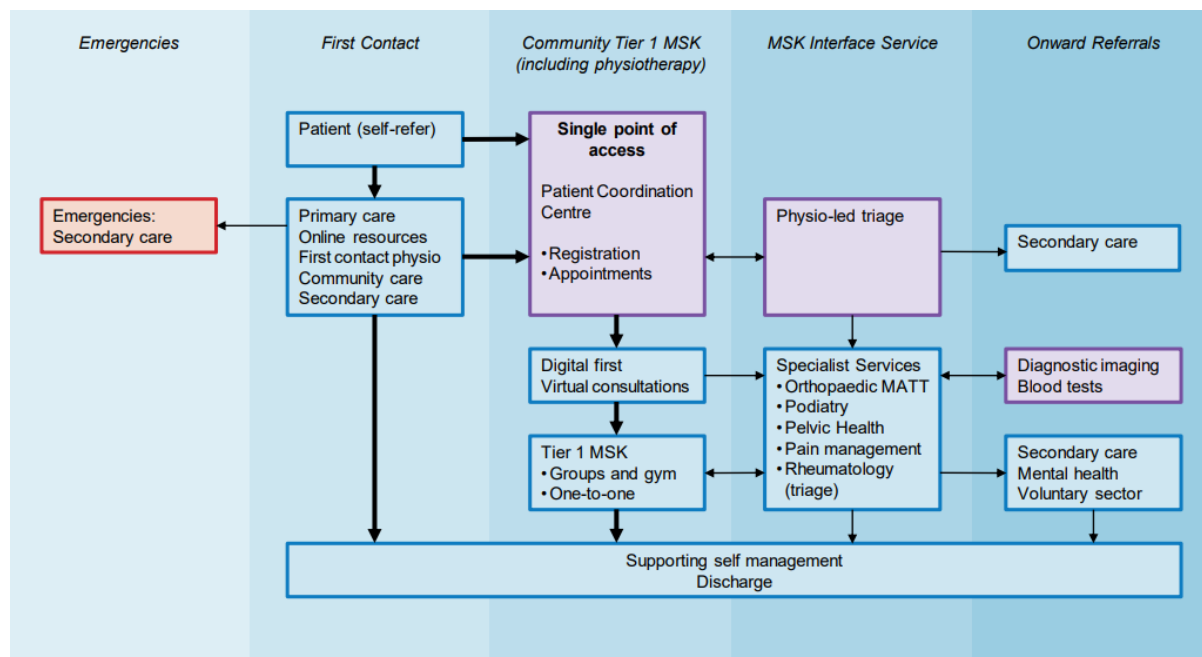
	management of patients on the backlog list.	
<p>Prioritisation:</p> <p>It was identified that a small number of patients were placed on the wrong transfer lists or prioritisation lists by the outgoing provider.</p>	<p>Connect clinicians completed a manual review of urgent lists to ensure that patients were booked with the right clinician first time.</p>	<p>Connect were unable to manually review all transferred patients due to the volumes, but all patients that were on an urgent list have been reviewed</p>
<p>Data Transfer</p> <p>For about 30% of patients that were transferred, there was a block in place which prevented data sharing. The record stated that the patient had dissented to sharing records outside of the GP organisation.</p>	<p>Connect identified data sharing issue early on to NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board</p> <p>Connect IM&T team worked extensively with Healthshare IM&T to identify the issue- Healthshare advised it was down to record sharing at GP level.</p> <p>Connect held a meeting with NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board and GP representatives to troubleshoot. There were live testing sessions with GP practice managers and GPs to amend settings on patient notes to establish if this was the case.</p> <p>When this strategy failed to resolve the issue, Connect went back to Healthshare IM&T and identified a way to override the block so that Connect could see the information.</p> <p>There is a panel review meeting planned, with representatives from Healthshare, Connect health and NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board with the aim of understanding how this</p>	<p>Data sharing and visibility of historic notes is now available for all patients transferred from Healthshare to Connect.</p>

	<p>happened, to prevent this issue from arising again in the future.</p> <p>As an interim measure, Connect offered patients who were affected the option of having a telephone consultation immediately to discuss symptoms/care to date and to escalate care appropriately or advise that they could wait until issue resolved and that records were visible to the clinician.</p>	
<p>Red flag pathway changes, whole spine MRI changes.</p> <p>The standard process for any patient referred into the previous service, who had a history of cancer would automatically be sent for a whole spine MRI. The service did not have direct access to the 2 week wait pathway and if cancer was detected they would then have to refer back to the GP to instigate the 2 week wait pathway, causing a delay</p>	<p>The NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board, Connect and primary care clinicians worked collaboratively to revise the pathway for patients presenting with MSK disorders, who have a history of cancer. Having a history of cancer is a risk factor for future cancer or possible metastasises. As a result, a careful medical evaluation is required to determine the risk of this possibility.</p>	<p>Connect have successfully received referrals for patients who have obtained their scan through primary care and where cancer has been excluded before onward referral for MSK management. GPs can now stipulate on MSK referral that they have completed their evaluation and believe the risk is low in order to facilitate safe referral to the MSK service</p>
<p>Injecting Clinicians</p> <p>It was identified early in the mobilisation that there were only 2 part time injecting clinicians in tier 2 but there was a significant backlog of patients awaiting an injection.</p>	<p>Connect recruited a Sports and Exercise Medicine Consultant for complex injections/procedures. Connect recruited injecting locums to conduct injection clinics.</p> <p>The Connect Clinical Lead put together plan for clearing injection backlog with additional injection clinics using locums and internal staff.</p> <p>Clinical Lead Identified any foot and ankle injections that could be seen by podiatrist</p>	<p>Injection clinics are running, and we are utilising colleagues from within the organisation to run additional injection clinics to work through all of the patients. The injection training and supervision of colleagues to enable competency sign off takes time and during this phase colleagues from within the organisation will support by providing injection clinic cover.</p>

	<p>and /or Advanced Practice Physicians.</p> <p>Connect supported development of clinicians onto injection training for internal staff to ensure sufficient capacity going forwards.</p>	
<p>Post Op/Priority Appointments</p> <p>Post op/priority patients were not consistently being offered the embargoed slots available for these patients.</p>	<p>Operations Manager discussed with the clinical and Patient care co-ordination team at a team meetings and communications sent out via email. Further comms have been given via email and also ensuring all new starters and locums are trained extensively on this during induction.</p> <p>Triaging clinicians to put clear and specific instructions to patient care coordination staff on what type of appointment to book for post op patients</p>	<p>Embargo slots are being used and priority/post op patients are being seen within clinically appropriate timeframes.</p>

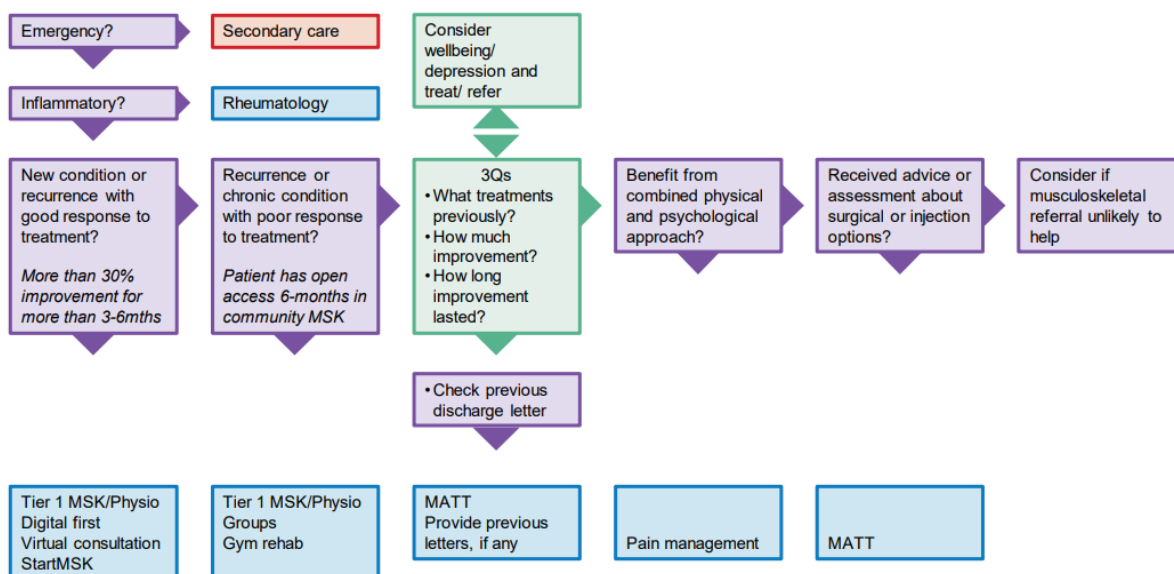
CLINICAL MODEL AND REFERRAL PATHWAYS

Fig 1. Clinical model and referral pathway



Patients can self refer into the service online via our website or via telephone. They can only self refer to tier 1. Under the community tier 1 MSK pathway, digital first and virtual consultations include; Physionow. Physionow anywhere the digital triage tool and physioline a clinician led telephone assessment. This part of the pathway will support assessment of symptoms to ensure that patients are seen by the right person first time . Connect have created a referral guide and referral decision tool to support primary, community and secondary care clinicians to have shared decision making conversations with patients.

Fig 2. Referral decision tool for primary care and secondary care colleagues.




Connect Health
Primary Care Guide to

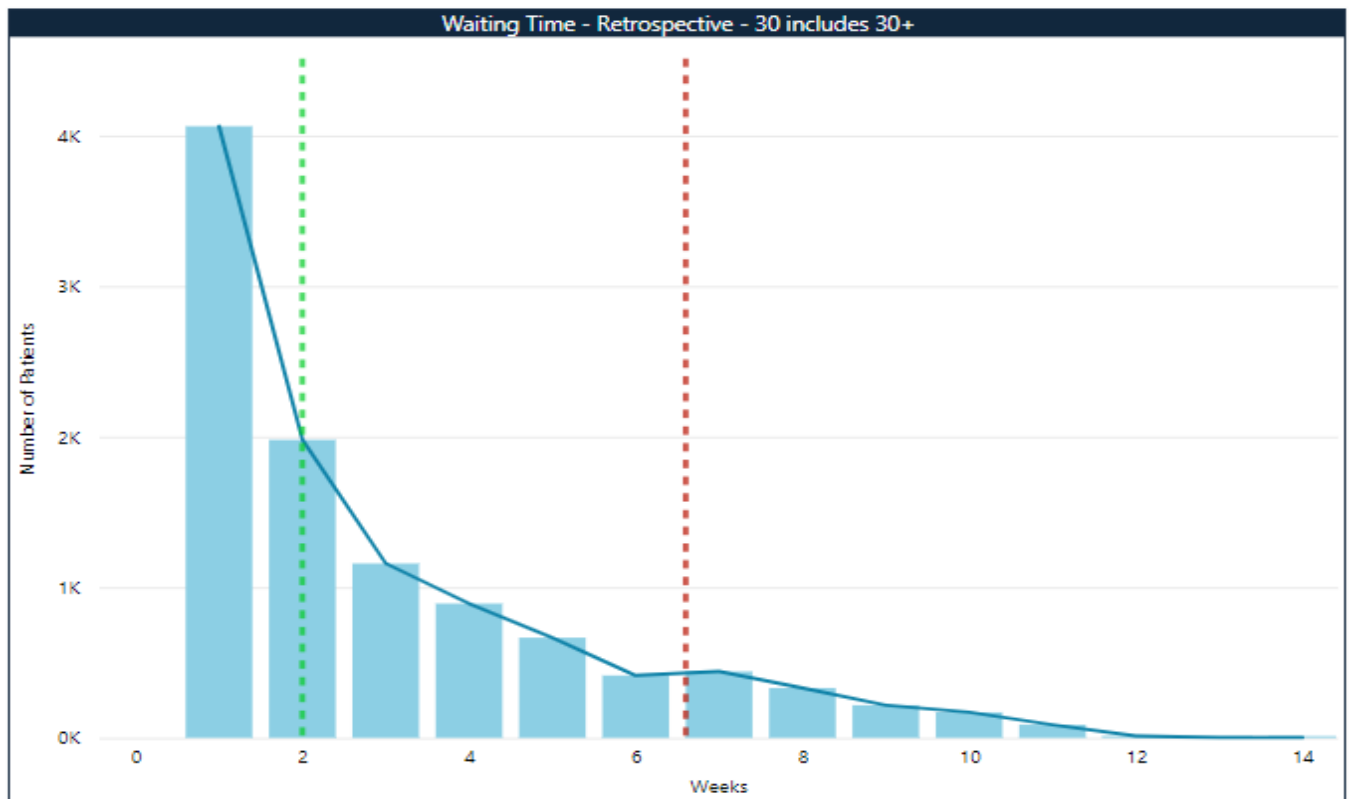
PERFORMANCE

The service has been live for 3 months and Connect have been working very closely with NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board team to ensure that the data quality and architecture of the outcomes and performance reports are accurate and reflective.

ACCESS

The below graph (fig.3) shows wait times for all attended appointments including all appointment types, with the mean being 2.5 weeks and median being 1.6. The start time is referral registration date and the stop time is appointment attended. Therefore, this data set includes patients that did not attend or cancelled any appointments and patients who didn't respond to attempts to contact them via the phone or letter (could have delayed their appointment by >2 weeks from referral to them returning our call). Considering the challenges with TUPE lists, injecting clinicians and additional blocked time in diaries to support new ways of working, the service access and performance is good.

Fig3. Waiting times from registration to attended appointments for all appointments Oct – Dec 2022



Statistics	
Measure	Statistics
Min First Attended Appointment Date	10/03/2022
Max First Attended Appointment Date	12/30/2022
Sample Count	10436
Mean	2.5
Median	1.6
75 %ile	3.8
90 %ile	6.6
95 %ile	8.0

The above chart shows the retrospective waiting times from the first attended appointment from the date of registration. It is showing the true time a patient actually waited.

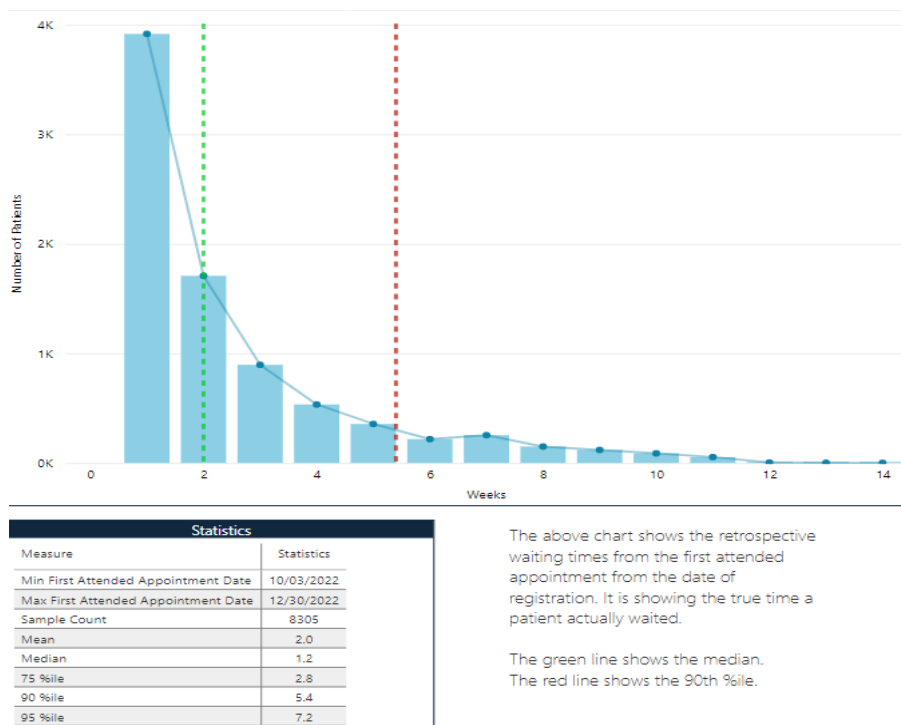
The green line shows the median.
The red line shows the 90th %ile.

Access and wait times for tier 1

The next available appointment as of 25th January for Tier 1 is 2 working days for physioline and face to face physiotherapy.

You can see from the graph below (fig.4) that the mean time from registration to appointment attended for tier 1 appointments between October and December 2022 was 2 weeks.

Fig.4 Waiting times from registration to attended appointment for tier 1 – Oct -Dec 2022



Access and wait times for tier 2

Tier 2 next available appointment as of 25th January is in 5 working days for face to face and 3 working days for virtual.

The graph below (fig 5) shows that average time from registration to appointment between October to December was 4.6 weeks for tier 2.

Fig 5. Waiting times from registration to appointment attended for tier 2 services between Oct – Dec 2022.



OUTCOMES

The service performance is aligned to an outcomes framework including measures that are categorised as below (table 2) and can be summarised as; patient reported outcome measures, patient experience, personalised care and access. These are reported on monthly.

Table 2. Outcomes Framework categories

Outcome 1	MSK-HQ mean score shift (over 5.5 signifies a clinically significant change)
Outcome 2	Completion rates of MSKHQ will be sufficient to be assured of outcomes for patients: a) Baseline b) Discharge MSKHQ score
Outcome 2	People have a good experience of their care
Outcome 2	People are asked about their experience of the service
Outcome 3	People are involved in decisions about their care
Outcome 4	People are aware of opportunities to improve their health (MECC)
Outcome 5	People receive the right care without delay
Outcome 5	People receive timely referrals to secondary care where required.

PATIENT FEEDBACK AND EXPERIENCE

Patients have the ability to register complaints/compliments and general feedback via our website, in writing or via the telephone.

We collect Friends and Family Test patient experience data via:

- A URL link sent with first appointment reminder text message

- A reply text message on discharge
- A IVR voice messaging to landlines on discharge
- Postcards in clinic

There were some bugs in the initial digital set of this data collection and a fix has been implemented so that data will be collected and reported on monthly from 1st February.

In addition to this there are working groups underway to set up an MSK Patient and Public Engagement Group.

During the first 3 months patients gave 43 pieces of feedback (9 Oct, 22 Nov, 15 Dec).

5 x Formal Complaints

25 x Informal Complaints

13 x feedback from healthcare professionals

In this same time period there have been 24 positive patient feedback comments received. This has been via the telephone or online feedback form. A file of positive comments received is embedded



Patient Comments - compliments.xlsx

Patient compliment from December 2022:

“The doctor after examining me told me two things that could be causing my pain in my legs, she said I needed an MRA scan on my spine as soon as possible. I was to contact my GP straight away. He sent me to A&E at the John Radcliffe that day 6 December. I was kept in and had a spinal operation on the 9 December. If I had not had the scan and the operation my spinal cord would have been severed within days. Please thank your lady doctor for me, I will be grateful to her for the rest of my life.”

A full thematic analysis is being completed for the first quarter of the service, however, the overarching themes are:

Themes	Actions carried out
Clinic availability in the South	Recruitment strategy to recruit to the South specifically and 5 estates mobilised in the South. Working on skill mix in the South but clinic capacity is coming in line with demand. There are new starters due to start clinics in the next few months who will be based in the South. Due to the time to recruit clinicians in this area the original capacity in south did not meet demand and therefore the wait time to appointment increased. We are working on a plan to put on additional clinics to address that within the clinic space that we have available.
Last minute cancellations due to clinician sickness	Clinicians were made aware of the sickness line and process for sickness reporting to ensure

	that there is no delay when contacting patients to rearrange during unforeseen circumstances.
Data transfer	Actions outlined in challenges section
Waiting times for injections	Actions outlined in challenges section
Healthcare professional feedback	Largely linked to patient pathways from pre-Connect contract. Other theme was the use of dummy appointments on the NHS e-Referral Service (e-RS) Connect are putting together a working group to see if the national use of eRS can change to direct booking. Communication will be shared with primary care colleagues on the outcome of this initial scoping work.

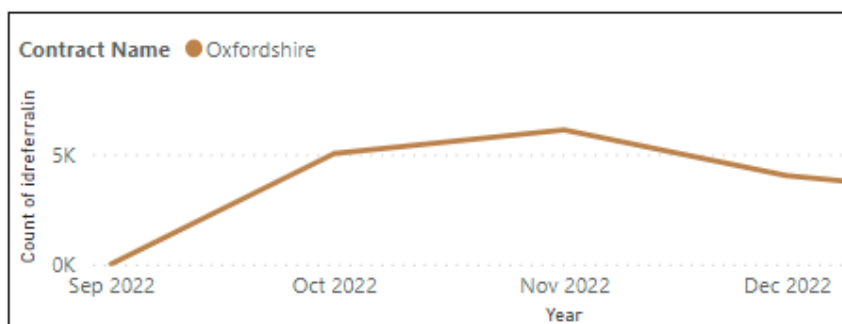
SERVICE DEMAND

In addition to backlog and transition the service has received 15174 referrals from go live to the end of December, with an average of 5,058 per month. This would equate to an annual trajectory of 60,696 and is equal to 8% of the Oxfordshire Population (JSNA 2022). 8% population access per annum is what is expected of an integrated MSK service.

Table 3. Total Referrals into the service

Year Business Stream	2022				Total
	September	October	November	December	
☐ Connect Health	11	5030	6106	4027	15174
Total	11	5030	6106	4027	15174

Fig 6. Referrals into the service as a trend graph



ACCESSIBILITY

As of January 2023, the service operates from 10 sites across the County delivering 161 face to face clinic days **per week**. Full estates and Referral demand distribution review will commence at month 6 of the service (March 2023). This review will include:

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

Additional estates for Gym Rehab and Pain Management Programmes are being scoped to be mobilised within the next 3-6 months.

CURRENT SITES

Banbury Cross Health Centre at Bridge Street	Bicester Community Hospital
Chipping Norton Health Centre	Deer Park Medical Practice
Didcot Community Hospital	East Oxford Health Centre
Marcham Road Health Centre	Townlands Community Hospital
Wallingford Community Hospital	Wantage Community Hospital

Fig 7. Map of clinic locations across the County

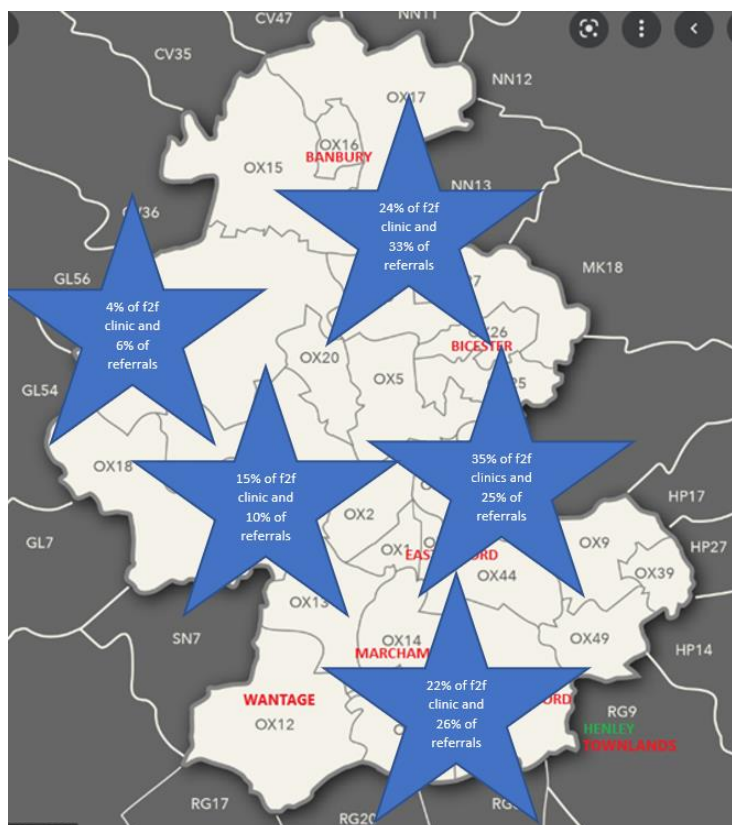


For this report, we completed a random sample analysis (N=50) of referral postcodes to understand the overall distribution of demand across the County. As outlined above, a full estates/demand review will be more in depth and include this split by service lines. Connect will lead on this review and share their findings and any associated actions with the commissioners as part of their contractual meetings. The analysis shows that there is close alignment between referral and capacity distribution. We have plans to onboard more clinicians in the next few months and the location of those clinicians will aim to close the gap which is shown in table 4, for example Increasing clinics scheduled in Wallingford to improve room utilisation and align capacity and demand.

Table 4. Clinic Capacity split by clinic/region against referral sample review (December 2022).

Region	Clinic	Number of rooms available (full day) per week	Number of full day Clinic diaries scheduled per week	Utilisation of clinic room	Clinic locations split by regional distribution	Referrals by Post Code split by regional distribution
South	Wantage	3	2	67%	22%	26%
	Marcham Road	10	6	60%		
	Didcot	1	1	100%		
	Wallingford	25	8	32%		
	Henley on Thames	25	19	76%		
Central Oxford	East Oxford	65	56	86%	35%	25%
Central West	Deer Park	25	24	96%	15%	10%
West	Chipping Norton	6	6	100%	4%	6%
North	Banbury	15	15	100%	24%	33%
	Bicester	25	24	96%		
	Total	200	161	81%	100%	100%

Fig 8. This map shows the total clinical days split by percentage across the County. It also shows how our total referrals are split regionally across the County as a percentage. (Data from December 2022).



The majority of the clinical pathway is delivered via a face to face model. Patients are given choice of appointment modality at the point of booking with the exception of physiotherapy; the rapid access first appointment for suitable tier 1 physiotherapy referrals.

Excluding physiotherapy 88% of appointments attended between October and December 2022 have been face to face (62% including physiotherapy). 11% were video and just 1% of non physiotherapy appointments were via the telephone (28% of all appointments via telephone including physiotherapy). We review this data to correlate with patient outcomes, experience and improvement in quality of life measures.

INTEGRATION

Prior to go live the Connect team have been building relationships across the system. This included understanding commissioned pathways and developing streamlined and safe bi-directional referral pathways as well as strong clinical communication to support streamlined care and good outcomes for patients. Some examples are listed below:

PRIMARY CARE

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

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

SECONDARY CARE

Monthly multi-disciplinary meeting set up with Optimise Pain team

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

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

ICE – Collaborative working with OUH, including pilot of diagnostic requesting/reporting process. This pilot was successful and now all diagnostic requests/reports will be sent/received via ICE from February 2023.

Connect are working in partnership with Cherwell Hospital

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

Connect met with Paediatrics to discuss pathways and collaborative working

COMMUNITY TEAMS

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

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

Delivering the best outcomes and value across systems is dependent upon replacing siloed views of performance and demand by individual service lines with a whole-pathway approach that identifies and acts on opportunities for system-wide quality improvement. Connect and NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board launch the first MSK Stakeholder Board meeting on February 14th.

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

PREVENTION

Connect Health have an Oxfordshire MSK MATT service webpage which directs patients to clinical expert created patient resources and waiting well support.

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

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

Fig9. Patient resource page of the website.

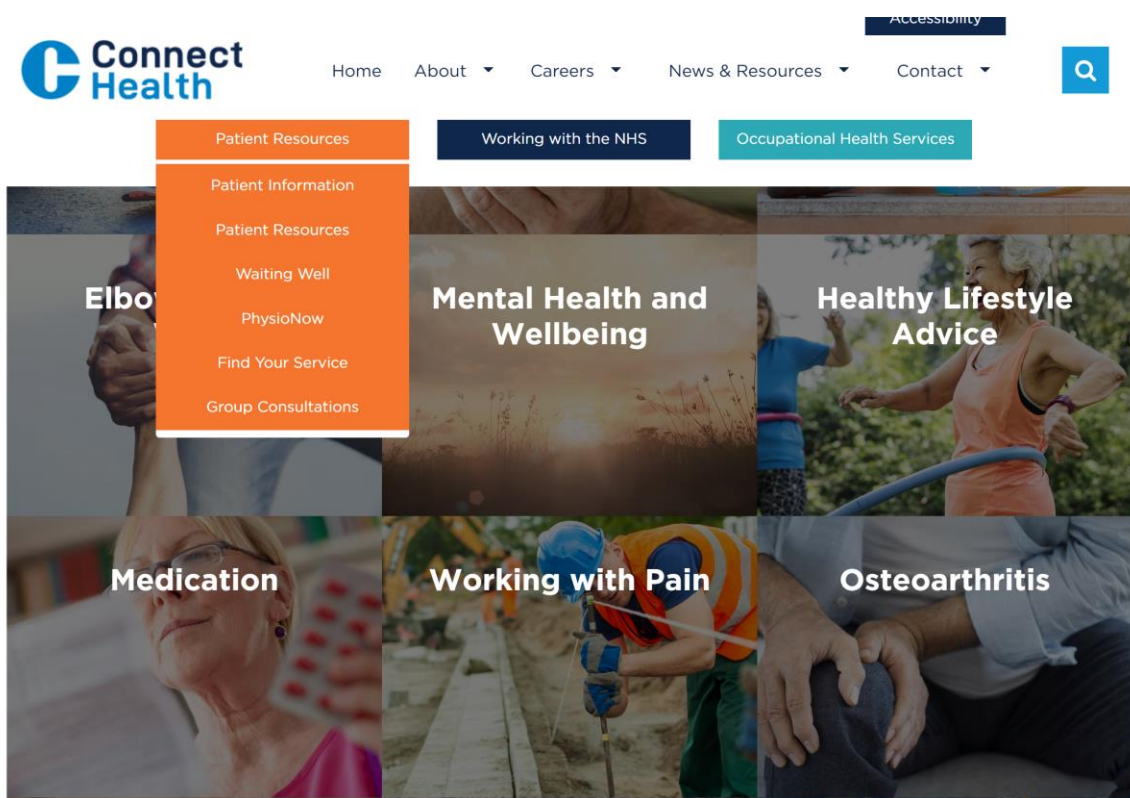
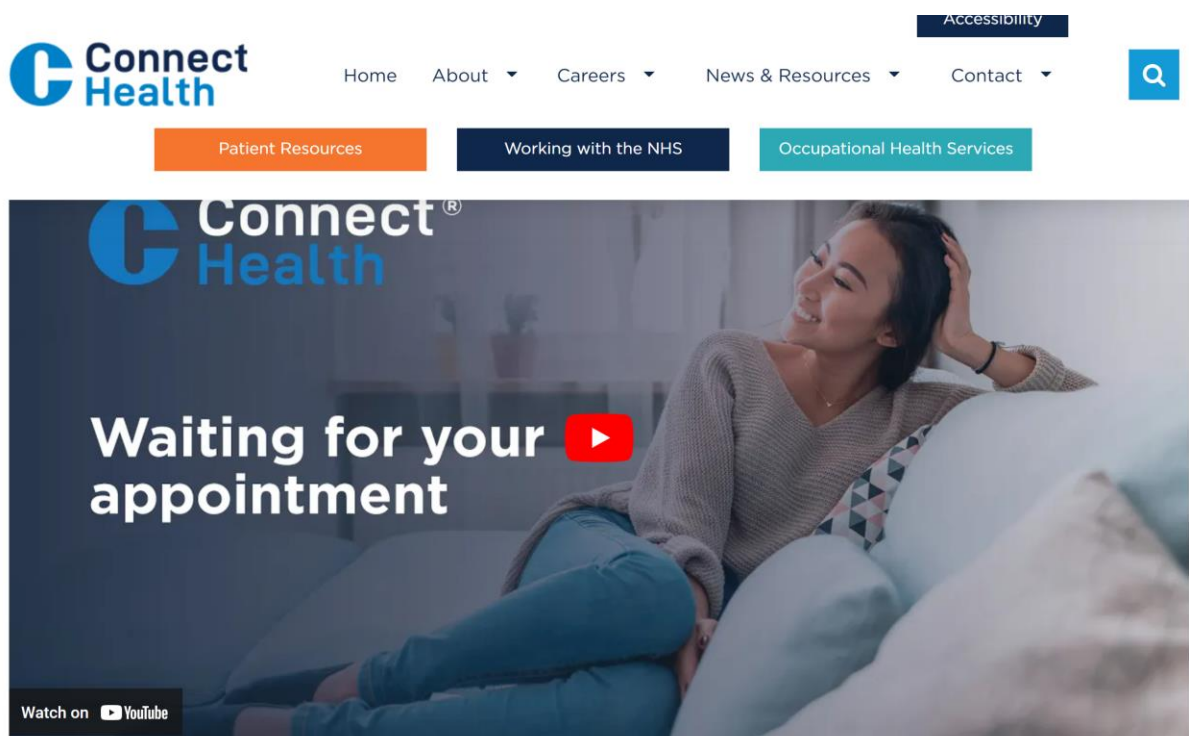


Fig 10. Waiting well page of the website



Is there anything I can do whilst I am waiting?

WHAT'S NEXT?

Gym rehab	Mobilising gyms (ideally local authority) to treat patients within a wellbeing environment and to activate patients to continue with physical activity as part of their exit strategy from the service. It has been shown that this model can result in >25% of patients who receive care in the gym joining as members and becoming more physically active post discharge.
FCP	Connect are providing 1 WTE FCP to 1 PCN and recruiting for second. There are conversations with other PCN's about providing FCPs.
Pain Management Programmes	Work is underway to scope premises that are suitable for group pain management programmes. Pain management programmes are currently being delivered on a 121 basis. Groups are not only more efficient but provide better outcomes and peer support for patients.
Estates review	Full estates and Referral demand distribution review will commence at month 6 of the service (March 2023). This review will include: <ul style="list-style-type: none"> • analysing estates suitability based on stakeholder feedback • Reviewing patient postcodes distribution –split by service line • Reviewing estates clinical capacity across the region and correlating with the referral demand • Reviewing skill mix of clinicians across the County • Reviewing diary planning and recruitment strategies as part of actions linked to the findings from the above.
Patient and public engagement group	Connect are working with NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board to set up a Patient and public engagement group. The purpose of this board is to facilitate wider stakeholder engagement (patient and VCFS groups). Standing agenda items are likely to be service performance updates and stakeholder feedback but we also intend to use the group as a platform for initiating co-creation of service improvements and innovations.
Shared Records	The next phase of integration with primary care is to work on the integration of clinical systems and shared care records.