

Oxfordshire Joint Health Overview and Scrutiny Committee

Date of Meeting: 20 June 2019

Title of Paper: Update on MSK Task and Finish Group Recommendations

Purpose: The following paper gives an update on actions to address recommendations made by the HOSC MSK Task & Finish Group.

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Update on Musculoskeletal Task and Finish Group Recommendations

1. Introduction

Musculoskeletal (MSK) problems are joint, muscle, soft tissue injury or back pains that are not getting better on their own, or are causing physical difficulty to walk or use a part of the body. In 2015, Oxfordshire Clinical Commissioning Group (OCCG) responded to concerns about the service experienced by patients. OCCG undertook a review of the service and produced a Business Case that set out how MSK services were operating at the time with a recommendation to implement a new integrated service that sought improvements in several areas. This including improvements in access, self-management, a person-centred approach, networking with third sector and the integration of assessment with triage and treatment.

OCCG consulted with patients who used MSK services to support the process of developing the business case and the new specification.

A contract to provide MSK services in Oxfordshire was re-tendered and a new provider was awarded the contract in June 2017. The new provider for MSK services in Oxfordshire was Healthshare, a clinical stakeholder organisation which works within the NHS and is solely funded through NHS contracts.

In the autumn of 2017, Oxfordshire HOSC raised some questions of the CCG regarding the process, outcome and transfer of MSK services to the new contract. The CCG has provided the Committee with the original Business Case, a briefing note and answers to a number of questions. At the HOSC meeting of 8 February 2018, the Committee requested that a Task and Finish Group be established to examine the provision of MSK services and report back to the Committee. The Task and Finish Group concluded its work at the beginning of the year and presented its findings and recommendations to HOSC at its February 2019 meeting. It was agreed at this meeting that OCCG and Healthshare would provide an update report to the June 2019 HOSC meeting.

2. About the service

Musculoskeletal assessment and therapy services for NHS patients in Oxfordshire receive over 5,000 referrals per month. This service is provided for NHS patients across Oxfordshire. The clinical team includes; a GP with special interest in rheumatology,

physiotherapists with specialist expertise and training in orthopaedics, women's and men's health and children's physiotherapy specialists in MSK problems in the foot, ankle and lower leg (podiatry) , MSK physiotherapists dedicated sports and exercise therapists.

Services are currently offered at Bicester Community Hospital, Chipping Norton Health Centre, Wallingford Community Hospital, Deer Park Medical Centre, Witney, Woodlands Medical Centre, Didcot, East Oxford Health Centre, Oxford City, Townlands Hospital, Henley-on-Thames, White Horse Medical Practice, Faringdon, and the Horton Treatment Centre, Banbury (Ramsay Hospital), with aWantage site soon to open June/July 2019.

3. Recommendations

The following table provides an update on the implementation of the HOSC recommendations. Also outlined below is an account of the review meetings that have taken place over the past year to support on-going service improvement by Healthshare and across the broader health system. This work has been strengthened by patient feedback, as noted in the February HOSC discussion. The approach to implementing the recommendations included:

- Weekly operational review meetings took place from September through to December 2018
- Fortnightly operational review meetings January through to March 2019, ongoing
- Bi-monthly Contract Review meetings:
 - October 2018
 - December 2018
 - February 2019
 - April 2019
- OCCG Quality Committee in November 2018 and April 2019
- OCCG Quality assurance visits to Oxford and Wallingford sites in March 2019 (report attached)
- Inter-agency MSK System Taskforce Meetings
 - September 2018
 - November 2018
 - January 2019
 - March 2019

A summary of actions undertaken to address each of the HOSC recommendations is shown below:

Recommendation Number	Recommendation	For who	Timescale for completion if agreed	Response/progress <i>Italic = Healthshare (HS) Response</i> Black = OCCG response
Theme: Commissioning and transition process				
1	The extensive and detailed engagement process to involve both patients and clinicians in the development of a Business Case for MSK services is commendable and should be an approach used for any similar future businesses cases	OCCG	Immediate implementation	Completed in the planning stages of the project. Noted for future projects.
2	<p>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:</p> <p>a) Accurate activity modelling informed by robust testing and challenge of the activity assumptions.</p> <p>b) By addressing (a), this would better ensure services are specified within the realistic confines of the local financial envelope.</p> <p>c) A full understanding of the implications for the local workforce</p>	OCCG	Immediate implementation	<p>The points raised by the HOSC recommendations in relation to service modelling and workforce are valid, as aspects of the service demand were underestimated in the new service model. Creating significant pressure on the service in its early stages.</p> <p>Learnings noted for future projects. Recent business cases are tested with providers to ensure shared understanding of the numbers. A more collaborative way of working has been set up with health system partners ("Distributing the Oxfordshire Pound") which will enable more open dialogue on risks</p>
3	The Group felt a more collaborative approach to service	OCCG	3 months	This recommendation has been noted,

	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.			commissioning does in practice occur as a separate function for the CCG with input from subject matter experts. There is a distinction in contract monitoring which is undertaken as a regular review process and involves different expertise and activities. This contract process has then referred to commissioners the issues of demand exceeding supply and commissioners responded in return to allow a contract variation.
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.		3 months	Learnings from the transition process have been noted alongside the need to improve the process (in this case). Capacity to implement needs to be a key consideration in planning mobilisation where there is a change in contract allocation.
Theme: Implementation				
5	All recommendations made by Healthwatch in their report are supported and endorsed by the Working Group (see - ongoing actions/reporting/monitoring In relation to Healthwatch recommendations)	OCCG/ HS	Immediate implementati on	Progress update provided pages 11-12 below
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	HS and other non- Oxfor ds hire	3 months	<i>Healthshare have met with Healthwatch since the HOSC meeting, and are happy to report no specific concerns were raised at that meeting; we continue to have ongoing</i>

	respond directly in a timely manner.	based providers		<i>communications with them. Healthshare had a stall at all three recent GP training days and managed to speak to many GPs at these events. There have also been visits to individual practices and multiple trips to GP locality meetings.</i>
7	Having Extended Scope Practitioners (ESP) working within physiotherapy 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.	HS	Ongoing	<i>Agreed</i>
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/H S	Ongoing	<i>Agreed</i>
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 patients 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 HS review the data obtained from EQ5D questionnaires in the light of the practice to date.	CCG/H S	Immediate implementation	<i>Healthshare provide patients with a patient quality of life questionnaire, the EQ5D, at every appointment when checking in. They are then asked to complete the form while in the waiting area, alone, before they go in to the appointment with the clinician. It is not mandatory, but we encourage all patients to complete it. Healthshare have also recently invested in a mobile app that can send EQ5D to the patients mobile. We intend to trial this in order to improve the return rate and provide the patient with greater levels of flexibility to complete the form.</i>

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/H S	Immediate implementati on	<i>This refers to the use of MSKHQ instead of EQ5D. HS have a contractual obligation to use the EQ5D as in the CCG's view it provides several benefits over MSKHQ, in that it is shorter, which encourages greater patient use, and because it is a universal measure it allows the service to be benchmarked against other, non MSK, services locally and nationally. EQ5D also has a greater number of completed forms since being introduced so the results are potentially more reliable and can be more easily benchmarked as a result.</i>
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/H S/ Oxford Universi ty Hospita ls	6 months	Healthshare, since August 2018, have employed a GP to provide assistance with triage and are also setting up Multidisciplinary Team working with consultants in upper limb, lower limb and spinal specialties to provide assistance with triage where required.
11 a	That when there is a significant change in the performance of a provider, the impact on patient care is considered separately to the management of the change. This review should be brought to the commissioner board and to the clinical governance committee of the provider.	CCG	Immediate implementati on	OCCG Patient Services and GP feedback is actively monitored and changes made based on this as a result. The impact on patient care is a priority consideration, and strongly influences actions. Any significant issues of this nature are reported to the OCCG Quality

				<p>Committee, which has input on a range of levels, including governance; for example, the phone system and call pick up times were something that was listened to, OCCG worked with the provider and implemented a change, then we received evidence to prove whether it had been effective. Any individual patient related issues raised are dealt with on a case by case basis, and where there is the opportunity to improve the system as a result of this learning, improvements are then made. This is the case, for example, in improving the system to confirm that diagnostic information received is acknowledged and acted on as required.</p>
12	<p>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 HS.</p>	<p>CCG/H S/ Oxford University Hospitals/Primary care</p>	<p>6 months</p>	<p>There has been improved collaboration through partnership meetings which operate as the MSK System Taskforce. This group was formed when the service change was put in place and in consultation with providers gives thorough service scoping and development. This group meets on a bi-monthly basis, supporting ongoing improvement in the MSK pathway. Taskforce members include Oxford University Hospitals NHS Foundation Trust (OUH) Orthopaedics, OUH Rheumatology, private service</p>

				providers Ramsay Health and Foscote, Healthshare and Oxfordshire Clinical Commissioning Group. Healthshare have consistently shown willingness to work with the MSK System Taskforce and other local providers, with both clinical and operational representation to the taskforce and are happy to do more as required, including representation to GP locality meetings and training days.
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/H S/ Oxford University Hospitals/Primary care	6 months	When the service is recommissioned a value based (outcome and cost) commissioning approach will be used. The MSK Healthshare referral process is highly beneficial, creating a unified referral process, making the first point of referral very clear. Maintaining strong communication between providers and at transition points between services is a key aspect of the service development and continuous improvement. Bi-monthly MSK System taskforce meetings are central to this, alongside ad-hoc meeting arranged to meet operational need in relation to the patient pathway.
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 medical orthopaedics.	CCG/H S/ Oxford University	6 months	A recent quality visit has shown strong clinical practices that address patient and care requirements. Pathways reviewed clinically include; suspected cancer referral pathway,

		Hospital s/Primary care		acute rheumatology pathway with suspected inflammatory arthritis. A review is currently underway to explore opportunities to improve the pain management referral pathway.
Next steps				
15	<p>The Task and Finish 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 HS. To assist this, it is recommended that:</p> <p>a) The CCG Board, as the commissioner, receives regular performance reports to gain assurance of performance improvements.</p> <p>b) HOSC receive a report on how HS are meeting their projected performance against planned improvements in April 2019.</p>	CCG	1 month	<p>The CCG receive performance reports on the MSK service submitted formally on a monthly basis, with interim informal updates as required.</p> <p>The MSK System Taskforce has bi-monthly meetings, with representation for OUH, Nuffield Orthopaedic Centre, Private Sector providers, Oxfordshire CCG and HS.</p> <p>Following development of the joint action plan in 2018, regular operational review meetings have taken place. Performance reporting has been strengthened to include additional measures of the service access and performance, achievement of key targets are linked to attaining quality targets, with payment penalties linked to non-achievement.</p> <p>In March 2019 a quality visit by OCCG to two HS service sites, Oxford and Wallingford, showed significant achievement in terms of service quality and process (report attached).</p> <p>A summary report of 2018-19 phone</p>

				response performance is attached and HOSC members can see the OCCG performance update for MSK on page 13-14
16	The Task and Finish Group acknowledges that Oxfordshire CCG is now engaging with HS in a performance improvement process. To assist understanding and contingency planning, it is recommended that the CCG Board receives a risk report on MSK services, along with clear contingencies to set out an Action Plan should risk levels escalate.	CCG	1 month	A Quality Assurance Visit report was submitted to OCCG Quality Committee for overview. The visit was designed to focus on areas that both the provider felt showed good practice and that OCCG felt were areas where we wanted to see demonstration of working effectively and to understand further (such as patient experience process, EQ5D scores, rheumatology service, availability of diagnostics) – Many of these items have been raised through GP Feedback, Patient Services and Healthwatch . A number of sources of information have been proactively reviewed. Results of this review are provided in the attached report.
17	There are lessons to be learned from the Task and Finish 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 HS Ltd, relevant CCGs and relevant NHS England bodies.	Task Group Chairma n	1 month	The scrutiny of the Task and Finish Group and HOSC has provided valuable feedback and an opportunity to engage with community and council representatives to contribute to service improvements as this MSK service matures for Oxfordshire.
18	To improve the information flow to patients, GPs and stakeholders on the identified issues and proposed solutions with MSK service provision, it is recommended	CCG	1 month	Improved information flow has been evident, including the introduction of the patient leaflet, self-referral, GP

	that HS and the CCG work together to provide information through the CCG's website (similar to the model previously used around changes to Cogges surgery).			Locality meeting presentations and HS representation at GP training days. The reduction in Datix /complaints issues raised with OCCG demonstrates the benefit of the improved communication.
19	The changes made to MSK services in Oxfordshire were not assessed by HOSC (at the time) as a substantial change in service. 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 reduced financial envelope for a portion or whole of a service, HOSC should be informed of this planned reduction and where appropriate, an assessment of substantial change be made through HOSC's established toolkit procedure.	HOSC/ CCG	3 months	Any future significant reductions will be considered in relation to the HOSC tool kit. There was learning through the process around the potential impact of location changes which needs consideration whilst actual service volumes might remain the same.
20	There should be intermediary actions whilst the Task and Finish Group is in progress to prevent delays in tackling issues identified	HOSC	Immediate implementation	Completed
21	Informal sessions to gather evidence is a helpful approach for future Task and Finish Groups.	HOSC	Immediate implementation	For MSK this is ongoing, via a combination of opportunistic information gathering (including use of existing consumer groups/ organisations to gain feedback) and planned sessions with patients and health professionals.

Ongoing actions/reporting/monitoring In relation to Healthwatch recommendations

Strategy	Action plan (how)	Timing – Completion Date	Responsibility Overall OCCG monitoring role	Status
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Call response times for patients	First phase completed Monitoring programme underway	Completed November 2018	HS	Completed Ongoing monitoring and review Refer to current performance table below.
Patient information regarding appointment and waiting times	Continued monitoring of KPIs Improved letter and communication process for patients Patient information leaflet	Progressive service improvement. Phase 1 completed October 2018. Patient leaflet completed February 2019	HS	Completed Ongoing monitoring and review
Distance travelled to attend appointment (F:F/Imaging)	Initial report received Establish periodic reporting process. This will be further supported by a new service location coming online in June/July 2019 in Wantage.	Reported November 2019.	HS	Completed Ongoing monitoring and review
Information provided to patient via GP	Dissemination and use of patient leaflet Dissemination and use of electronic (PDF) leaflet	Self referral information and patient leaflet provided to GP practices February 2019 and ongoing	HS	Completed Ongoing monitoring and review

Information provided to the patient via HS	Leaflet, and weblink provided in addition to appointment letter	October 2018, February 2019 and ongoing	HS	Completed Ongoing provision
Complaints procedure activity	HS strengthened complaints platform on HS website, increased patient feedback questionnaire opportunity. Include item in operational and quality meetings with HS and OCCG non Datix issues	Reviewed October 2018, regular ongoing review	HS/ OCCG	Completed Ongoing monitoring and review
Complaints report to OCCG	Reporting included in performance report	Ongoing	HS	Completed Ongoing monitoring and review
Patients satisfaction survey update	To include questions on administration, referral process and communication between HS and patient	Questions updated October 2018	HS	Completed Ongoing monitoring and review

4. Performance Update

a. Phone response:

There have been no complaints regarding call response during 2019. Data provided by Healthshare regarding call response is provided below:

Row Labels	Count of Call				
	% answered	Answered	Redirected	Abandoned – in under 20 seconds	Grand Total
03- 09/12/2018	% answered	1953	71	45	2069
10- 16/12/2018	94.39%	2279	105	75	2459
17- 23/12/2018	92.68%	2550	271	139	2960
24- 30/12/2018	86.15%	852	58	44	954
31/12/18 - 06/01/2019	89.31%	1958	809	295	3062
07- 13/01/2019	63.95%	2390	1270	442	4102
14- 20/01/2019	58.26%	2462	799	230	3491
21- 27/01/2019	70.52%	2030	101	97	2228
28/1- 03/02/2019	91.11%	1941	375	167	2483
04- 10/02/2019	78.17%	2146	206	205	2557
11- 17/02/2019	83.93%	1988	65	115	2168
18- 24/02/2019	91.70%	1663	31	93	1787
25/2- 03/03/2019	93.06%	1501	68	77	1646
04- 10/03/2019	91.19%	1626	35	68	1729
11- 17/03/2019	94.04%	1698	120	199	2017
18- 24/03/2019	84.18%	1630	121	161	1912
25- 30/03/2019	85.25%	1494	53	110	1657
Total 3 December 2018 - 30 March 2019	90.16%	32161	4558	2562	39281

b. Complaints and PALS raised with OCCG regarding HS MSK

Complaints and concerns raised have reduced significantly during 2019, to more appropriate levels.

Any issues raised are dealt with on a case by case basis. Simple patient contacts are those where the person raises an issue, but does not wish to make a formal complaint.

	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Formal Complaints	7	3	3	2	3	0
PALS Concern	1	3	2	6	0	0
Issues raised by MPs	3	0	0	0	0	0
Simple Patient Contact	Not previously recorded			2	1	1

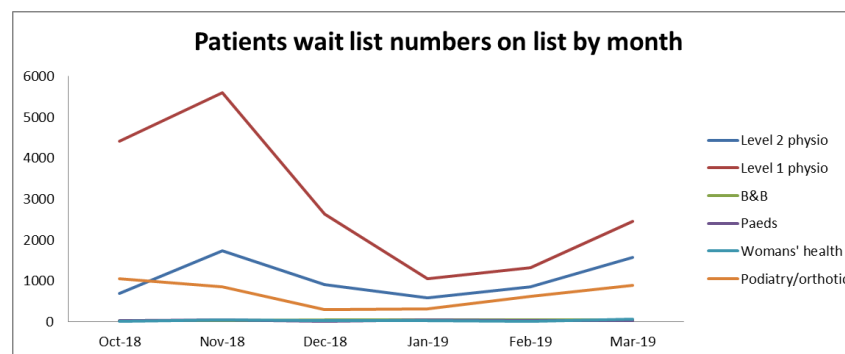
c. Patient self-referral

Patient self-referral went live in February 2019 and has proved successful. It has been well supported by both GPs and patients. GP comments have been very positive in that self-referral has reduced demand on GP time and provided another choice for patients.

Overall there has been no significant increase in the total number of referrals since self-referral was introduced. This has so far been promoted through GP practices only, to help manage the initial demand. HS are now looking to promote the self-referral option to patient groups more widely. This has started with a patient engagement meeting with representatives from the PPGs in the South West of the county.

d. Wait times and wait list

The total patient wait list numbers have substantially reduced since November 2018, which has also reduced average wait times overall.



There has been a recent upturn in the wait list due to a change in booking processes, which is providing patients a greater choice of location for their first appointment. Wait times and the wait list will continue to be monitored, alongside work to reduce time frames between referral and first appointment (by end of July 2019) to 30 working days.

e. Patient Information

The introduction of a patient information brochure to accompany self-referral, provides a simple consistent source of information for patients on Healthshare MSK services.

Healthshare Oxfordshire provides musculoskeletal assessment and therapy services for NHS patients across Oxfordshire.

Musculoskeletal problems, also known as MSK, are joint, muscle, soft tissue injury or back pains that are not getting better on their own, or they are causing you to struggle to walk or use a part of your body.

Your referral will be reviewed by Healthshare's MSK clinical team which includes:

- a GP with special interest in rheumatology
- physiotherapists with specialist expertise and training in orthopaedics, women's and men's health and children's physiotherapy
- specialists in MSK problems in the foot, ankle and lower leg (podiatry)
- MSK physiotherapists
- dedicated sports and exercise therapists

You can refer yourself if you:

- have an MSK related issue/condition
- are over 18
- are registered with a GP in Oxfordshire
- are not under the care of a hospital consultant for the same problem

What happens next?

You will be contacted to book the next available appointment.

Please contact us on **01865 238108** if you have any questions about your appointment.

Before your appointment check on www.healthshareoxfordshire.org.uk where you can find a lot of useful information while you are waiting to be seen.

MSK appointments are offered at:

Bicester Community Hospital
 Clipping Norton Health Centre
 Wallingford Community Hospital
 Deer Park Medical Centre, Witney
 Woodlands Medical Centre, Didcot
 East Oxford Health Centre, Oxford City
 Townlands Hospital, Henley-on-Thames
 White Horse Medical Practice, Faringdon
 Horton Treatment Centre, Banbury (Ramsay Hospital)

To self-refer go to: www.healthshareoxfordshire.org.uk/refer-yourself

If you can't access online self-referrals, your GP will be able to refer you.

Your treatment

Treatments are tailored specifically to each patient. In clinic, you will be assessed and treated. During the appointment we will do a physical examination and talk about treatment plans. Please wear loose clothing. You may be required to undress for an examination. You are welcome to bring someone with you to the appointment.

Therapy options include:

- physiotherapy
- podiatry
- group exercise classes
- telephone advice and support with exercises
- condition management and rehabilitation classes
- links to community, social care and leisure services.

A physiotherapist or podiatrist could also send you for further tests (MRI, X-ray, ultrasound) or give you an injection to ease your pain to allow you to exercise and strengthen the affected area.

In some circumstances you may be referred straight to hospital to be seen by a consultant.

For further information go to www.healthshareoxfordshire.org.uk

NHS

Healthshare Oxfordshire
NHS

Healthshare Oxfordshire
 Musculoskeletal assessment and therapy services for NHS patients in Oxfordshire

01865 238108

Healthshare Oxfordshire
 East Oxford Health Centre
 Maral Way
 Oxford
 OX4 1GE

Patient Information

Complaints, compliments or feedback:
feedback@healthshare.org.uk

f. KPI achievements and challenges

The results a focus on KPI achievement is demonstrated below, with the following KPIs now operating within target:

- referrals triaged within 48 hours of receipt
- referrals sent to secondary care within 5 working days of decision to refer
- urgent referrals that are seen within 7 working days from date of referral

Further work is underway to reach target, focussed on achieving target in the following areas:

- patients requiring diagnostics have treatment plan reviewed within 48 hours of result
- patients seen within 30 working days of date of referral

Service KPI	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Feb 19	Mar 19
Referrals triaged within 48 hours of receipt	>65%	7.36%	17.91%	74.30%	69.41%	70.56%	77.60%	96.9%	94.7%
Patients requiring diagnostics have treatment plan reviewed within 48 hours of result	100%	100%	42%	85%	93%	92%	71.60%	TBA	TBA
Referrals sent to secondary care within 3 working days of decision to refer (adjusted to 5 working days since October 2018)	>75%	21.26%	8.02%	57.60%	12.61%	9.52%	20.60%		
% Referrals sent to secondary care within 5 working days of decision to refer	>75%							90.8%	88.8%
First urgent appointment offered within 5 working days (adjusted to 7 working days since October 2018)	>80%	4.90%	17.90%	28.80%	12.00%	6.70%	6.90%		
% Urgent referrals that are seen within 7 working days (from date of referral across all services)	>80%							84.3%	85.1%
First routine appointment offered within 20 working days (adjusted to 30 working days from October 2018)	>75%	6.9%	14.5%	16.8%	11.5%	9.7%	8.0%		
% of people seen within 30 working days (from date of referral) when their condition is routine (Across all services)	>75%							15.8%	15.3%