

ACTION ASSURANCE VISIT

ANNEX

Date:	25 th March 2019	SI Number(s) or concern ref
Provider:	Healthshare	Not Applicable
Other:	N/A	
Clinical Area:	MSK/MATT	
Site:	East Oxford Health Centre & Wallingford Community Hospital	

Assurance visit

Quality Improvement Manager (OCCG), Project Manager – Planned Care (OCCG), 2 x Healthshare Managers (*Wallingford Community Hospital*)

(Senior Quality Manager (OCCG), Senior Patient Services Officer (OCCG), Senior Operations Manager (Healthshare), 1 x Healthshare Manager (*East Oxford Health Centre*))

Introduction – Healthshare are an independent provider of NHS Services for the MATT MSK pathway in Oxfordshire. They have commenced as a provider for NHS Oxfordshire CCG (OCCG) in October 2017. Healthshare have faced challenges in the earlier months of the contract due to the handover of patients and lengthy waiting list. There has also been a report and communication from the Health & Wellbeing Board to the service and OCCG. Healthshare have resolved several of the quality & performance issues raised over the duration of the contract. The Quality Visit is a planned & routine visit as part of a directorate objective to conduct more on-site Quality visits.

1.Application of Lavendar Statements for Onward Referrals - overview

Healthshare are currently in discussion with the Blueteq team and are simplifying guidelines to allow access electronically, in order to give clinicians access to tick box eligibility criteria options. Healthshare discussed that they are working closely with secondary care to ensure smoother access for patients.

2. Group-based exercise programme - overview

One to one or group exercise programmes are run across the county at Healthshare sites and some local gyms. Patients can be referred for 6 week courses with onward referrals as appropriate to council programmes and charitable groups. Staff appeared to be very enthusiastic and keen to build the exercise programmes over the coming months.

3. Patient Satisfaction – how information is obtained, reviewed and managed

Healthshare are using MJOG – which is a 2-way text system. It is used primarily for reminders for appointments and then for patient satisfaction survey. The system recorded 1400 responses in February, followed by 914 in March 2019. The systems introduction has reduced the DNA rate from 11% to 7%.

Written forms and an iPad are placed by the reception desk. Learning from complaints occurs via a weekly update which includes good/learned feedback from complaints. Complaints managed by local office and also Head Office Governance team. The monthly in-service training course,

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includes clinical updates/case discussion. All staff are under a supervisor and meet regularly. Audits on clinical effectiveness, diagnosis, discharge rates and on clinicians are performed periodically and in response to need.

4. Pain Management Service - overview

The pain clinic has reduced in volume from 90 per month down to 60/70. Onward referrals to OUH pain clinic are only selected if clinically necessary. The service currently has a pain management programme CQUIN with OCCG. 6 staff have been trained so far for pain management care. All staff undergoing psychological skills training (takes 4-6 months), in order to understand the multiple factors affecting pain in patients.

5. Self-referral – overview of process

Healthshare provided a report of figures so far. This demonstrated manageable numbers so far; with a corresponding reduction in GP referrals to account for the use of self-referrals. Patients can only self-refer on-line for certain conditions. Leaflets and posters in GP practices and GPs have been issued with 'prescription pads' for self-referral process. Patients are still triaged on clinical priority and wait times in line with GP referrals.

6. Medicines Management – Overview

Changes have been made to the medicines management process following recommendations made within the recent CQC Report. A clear process for accounting for medications has been demonstrated. The transport process and checking was clearly demonstrated. Storage is within manufacturer guidelines, although there is a potential chance that high temperatures in the summer could pose a risk to the integrity of the medication. Reviewing the storage processes may be of benefit. Signposting of actions to take in the event of an increase in stock temperatures would also be beneficial. A strict process was described relating to staff discipline regarding mis-management of medications – this was articulated as being supportive too. Healthshare also articulated the process of ordering new medications and maintaining stock levels. There is a pharmacist available to access by Healthshare at the Kidlington site.

7. Outcome Measures – how these are managed and current progress

EQ5D measures are recorded for all patients, both pre & post treatment. The process for recording was described and demonstrated – the receptionist hands the form to the patient to complete and the clinician is required to enter this on the SystemOne entry for the patient. Incentivisation has been utilised to encourage completion and entry of the scores. This can also be completed via the MJOG application and texting service which can record information and interact with patient records. A variety of outcome scores are used for different conditions, such as GAD7 scoring for anxiety within pain management. Scoring has been used to track the effectiveness of groups, such as the Shoulder Pain Advisory Group. This approach has been extended to upcoming Hip & Knee cohorts. Feedback from HOSC was discussed, specifically relating to an enquiry of clinicians or patients are completing EQ5D scores. We were given assurance that patients provide scores, but clinicians only transcribe into electronic records.

8. Onward Referrals to other providers & clinic letters to GPs – content provided, review of

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examples

The process to send onward referrals was discussed and demonstrated with examples. Upon review of the examples presented, a clear and obvious structure was visible throughout. This included a patient history, followed by current assessment, finally with a plan/recommendations for treatment/management. The process by which onward referrals and discharge letters are completed varies with the patient route, as a paper triage or if the patient is seen and a clinic report is generated. For a paper referral all referrals are sent onwards with the GP original documents – Healthshare explained that if there is insufficient information present, the patient is discharged back to the GP with a clear explanation for the reasons. For referrals after face-to-face assessment and/or treatment the clinician completes the referral as per the template described. During the discussion regarding some feedback received anecdotally raising concerns regarding the onward referrals, a discussion took place regarding challenges faced by staff at an external provider in identifying and extracting the correct information from the e-referral system. Feedback raising concerns is not always accompanied by NHS Numbers, allowing a clear review of cases.

9. Rheumatology Service - overview

During the visit Healthshare discussed the lack of rheumatology expertise available and the issues raised during the commissioning process regarding the Rheumatology service. Current work is ongoing to review the service and need. During this discussion patient need was identified for a cohort that is too complex for MSK, but doesn't require high-intensity Rheumatology input. Healthshare articulated a cautious approach for managing Rheumatology patients, due to the significant potential harm regarding patients not being treated correctly as a result. Lack of access to case notes and blood results via system one are key limiting issues in assessment, triage and management/onward referral of rheumatology patients.

10. Diagnostic Tests – availability, locations available, process to access, following up results

Since the service commenced there has been a significant increase in the diagnostic tests available, as well as the locations these are available in. Agreements are in place for MRI, Ultrasound, X-ray and nerve conduction studies. All of these are available in multiple areas throughout the county. Open MRI scanning is also available to Oxfordshire patients outside of the county. The process to track and follow up results was demonstrated during the visit. An expected date of result is set against each test sent, which flags if this exceeds the timescale required. Service Level Agreements have also been tightened in light of an incident involving a delayed cancer diagnosis. Technological improvements, reducing administrative input have ensured that admin staff have more time available to track and follow up patient results. A breaking bad news process was also discussed during the visit.

11. Other

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The MJOG application has improved the ability of the service to communicate with multiple patients. The service demonstrated its use to communicate in a variety of examples, such as the recent snow disruption. The system could communicate with all relevant patients, giving the opportunity to respond and for MJOG to complete the relevant cancellations automatically. The statistics showed that usage in the over 60's group is 73%. The service also demonstrated how patients who do not use mobile phones, or do not receive messages are individually followed-up, to ensure that technological barriers do not prevent groups of users from receiving the correct information. The MJOG application had allowed an increase in patient satisfaction response rates from 10% to 40%. Overall patient satisfaction sits at approximately 90%. Healthshare can access and update patient details from the NHS Spine, ensuring that accurate and correct information is used.

During the Wallingford visit, several clinical staff were spoken to regarding their experiences working for Healthshare. There was a consistent display of enthusiastic staff, demonstrating a holistic approach to patient care. Staff spoke of the Psychological skills training they have received and how they have incorporated this into their practice (e.g. anxiety impact upon pain). Both senior staff and junior staff were able to articulate the process of induction at each site, as well as to the company. Feedback on this subject suggested this was done at a pace comfortable for the clinician, with a regular named mentor, as well as a regular supervisor. Staff training and development opportunities are available for staff (such as the development to ESP course), with support and supervision from Healthshare to undertake the internal development. Cross-disciplinary working was reported by senior staff as being strong, with evidence during staff discussion that this is clearly embedded.

The cascade of information appears to be effective. Clinical and Senior Staff both felt able to escalate their views to higher levels within the organisation. Senior Management communicate with executive levels of the organisation often each day. There is a clear process to share information between other branches of Healthshare through the monthly Senior Management Team meeting, as well as through the weekly phone-in clinical catch-up. The meetings offer the chance for each service to present information for wider learning and discussion. Senior Management within the Oxfordshire service have a rota to attend each site, which is available to staff, which allows for improved accessibility of staff. An anonymous system of raising concerns is clearly accessible and easy to use, however the local service has not received feedback in this manner to date.

In-service training takes place regularly, providing a forum for staff updates and to feedback on challenges both within disciplines and across disciplines. Additional training needs resulting from challenges occurs within the in-service training. Clinical staff verified this approach and identified that this takes place monthly. During the visit, Healthshare demonstrated that they are very focused on staff training and monitoring quality of service delivery. Some mandatory training is run internally, some externally. All mandatory training is centrally determined by the organisation. Healthshare also runs additional training and invites external stakeholders (for example the upper limb symposium in April, has been extended to GP's to attend). Management have been attending Locality meetings and PPGs to give more information to GPs and patients about what Healthshare

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offer as a service.

Information Governance processes appeared to be maintained correctly, with patient information appearing to be correctly managed and protected throughout the duration of the visit.

Signs indicating the availability of chaperones were present in the clinical area. Healthshare also explained that this information is put on admission letters to patients. Facilities were available for increased privacy of patients during their treatment or examination as required.

Healthshare indicated that they are continually working on bringing wait times down for patients. Healthshare are also looking to improve access to secondary care and build relationships.

Outcome – ~~Requires improvement~~ / ~~Satisfactory~~ / **Good**

Action recommended –

1. Review medication storage options, in consideration of potential warmer summer temperatures. Suggest considering lockable fridge system.
2. Ongoing observation of medication incident reporting and assurance that the disciplinary process continues to have no negative impact upon reporting and escalation of incidents and concerns.
3. Place signposting for staff with medication storage indicating correct temperatures expected, and details of who & how to escalate issues identified.
4. Ongoing observation that the incentivising of clinicians regarding the recording of EQ5D scores does not lead to a change in the process of patients completing the scoring.
5. Fiona Giles to provide examples of challenges regarding e-Referral access at external provider(s).
6. Put patient experience forms and iPad in waiting room to give patients easier and more private access (away from office and reception desk).

Signed - OCCG:

Signed – Provider: