

**Oxfordshire Joint Health Overview and Scrutiny Committee**

**Date of Meeting:** 19 September 2019

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

**Purpose:** The following paper follows on from the update on actions to address recommendations made by the HOSC MSK Task & Finish Group presented in [June 2019](#) to the Oxfordshire Joint Health Overview and Scrutiny Committee.

Items specifically to investigate and feedback to HOSC raised in June were:

1. Whether Healthshare has benefitted from funding to support increased staffing costs related to changes in in banding?
2. The low number of reported patient complaints for Healthshare and other providers?
3. How location of appointments is considered when offering appointments for patients by Healthshare
4. Greater detail on the KPIs being used to measure performance?
5. Whether people are being told they cannot have an appointment.

6. When MSK Services will return to Wantage Hospital?

**Senior Responsible Officer:** Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group

1. **OCCG to investigate and report back to HOSC whether Healthshare had benefitted from funding to support increased staffing costs related to changes in banding.**

The dialogue on uplift to cover the recent changes to agenda for change pay scales is still ongoing with a meeting scheduled for September 16th, during which we hope a resolution can be found. Healthshare have upheld all TUPE staff members' terms and conditions from their original contract and in addition have increased their salary in April by 1% as stated within the original Healthshare bid for services.

2. **OCCG to investigate and report back to HOSC low numbers of reported patient complaints for Healthshare and other providers.**

**2.1 Complaints assurance:** All NHS contracts contain the requirement to follow NHS complaints regulations.

Within these regulations, the complainant has the right to complain directly to the provider or to raise their complaint with the commissioner who will take it to the provider on their behalf.

It is not possible to assess the quality of a service by the crude number of complaints. There are many factors which influence complaints and, such is the variation between services, it is not possible to make comparisons. We can, however, look at complaints over time. A sudden spike or upward trend are indicators of a decline in quality.

As a part of quality monitoring of contracts, OCCG requires providers to share with us details of complaints which they have received. They are required to report on numbers of complaints, whether or not they met required timescales for response and investigation and what has happened as a result. Complaints which go via the CCG provide an additional level of insight into patients' experiences.

It should be noted that overall satisfaction rates with NHS commissioned services is very high. This is repeatedly demonstrated by patient surveys and the Friends and Family test. A summary of Healthshare reported patient satisfaction response is provided in appendix 1.

Complaints performance data forms a part of regular reporting from all commissioned services.

Healthshare has a link to its complaints policy and 'how to complain' on the front page of their website. There are posters up in each of their clinics that advise patients how to complain to them. Healthshare has a dedicated complaints officer, and are in the middle of training two more staff members, one specifically to support Datix and issues raised by GPs and one for patient complaints in order to make the process more robust and improve the timescales in which they are able to respond to complaints.

Healthshare are now required to provide quarterly reporting of the in-house complaints they receive; providing information on the nature of these complaints and numbers of complaints received during the reporting period. This requirement has yet to be met and is currently under review. OCCG expect a full reporting set for August 19. OCCG undertakes regular quality visits to commissioned services. As a part of a quality visit to Healthshare OCCG looked at their complaints process and spoke to patients about their experiences of Healthshare.

In terms of overall complaints received by OCCG a summary is provided below regarding Patient and GP feedback between 01/05/19 – 23/08/19:

**2.2 Patient experience:** During this time there were 16,742 referrals to Healthshare MSK services, and 22 patient experience complaints were received (0.1%).

Recent themes for patient complaints in order of greatest number of complaints:

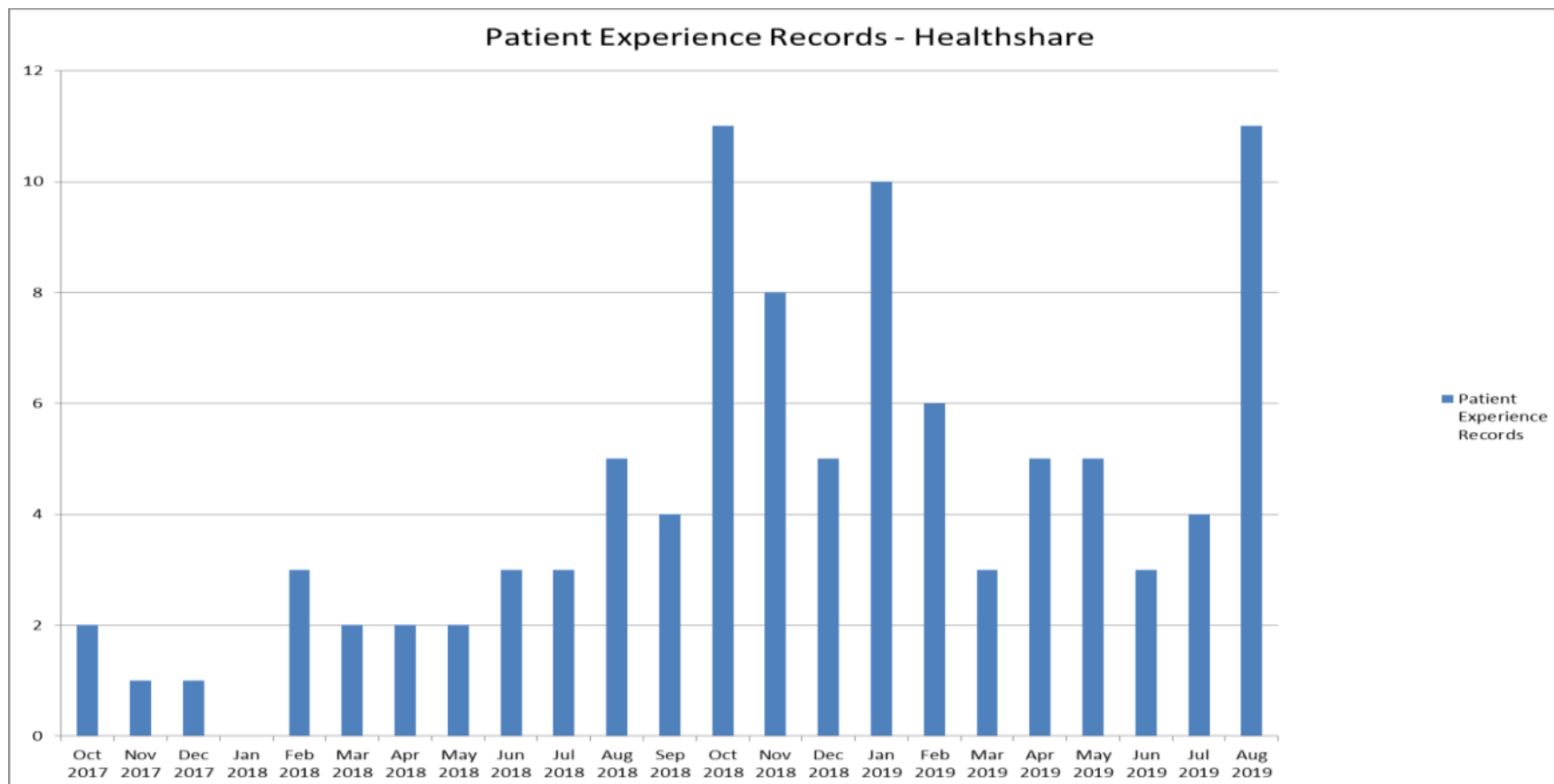
- No answer to calls to make appointments, waiting times, rescheduled appointments, appointment locations moved
- No response when complaining to Healthshare direct
- Treatment given but not working (physio), no follow up or follow up delay to treatment
- Results not available at appointments
- Made to do exercises she told physio she could not do resulting in more pain

**2.3 GP Feedback:** During this period there were also 29 items of GP feedback, which raised a range of matters, with concerns around the time frames and journey for patients, a summary of themes raised are shown below with the areas generating greatest feedback listed first:

- Lack of routine appointment availability
- Poor appointment process, lack of communication
- Failure of referral process, requiring re referral
- Long wait times to first appointment
- Failure to follow up
- Poor communication with GP
- Delay in diagnosis
- Inappropriate onward referral delaying pathway to treatment (including referring to secondary care via GP)

Graph of trends in Patient experience complaints and GP Feedback for Healthshare MSK services are shown below:

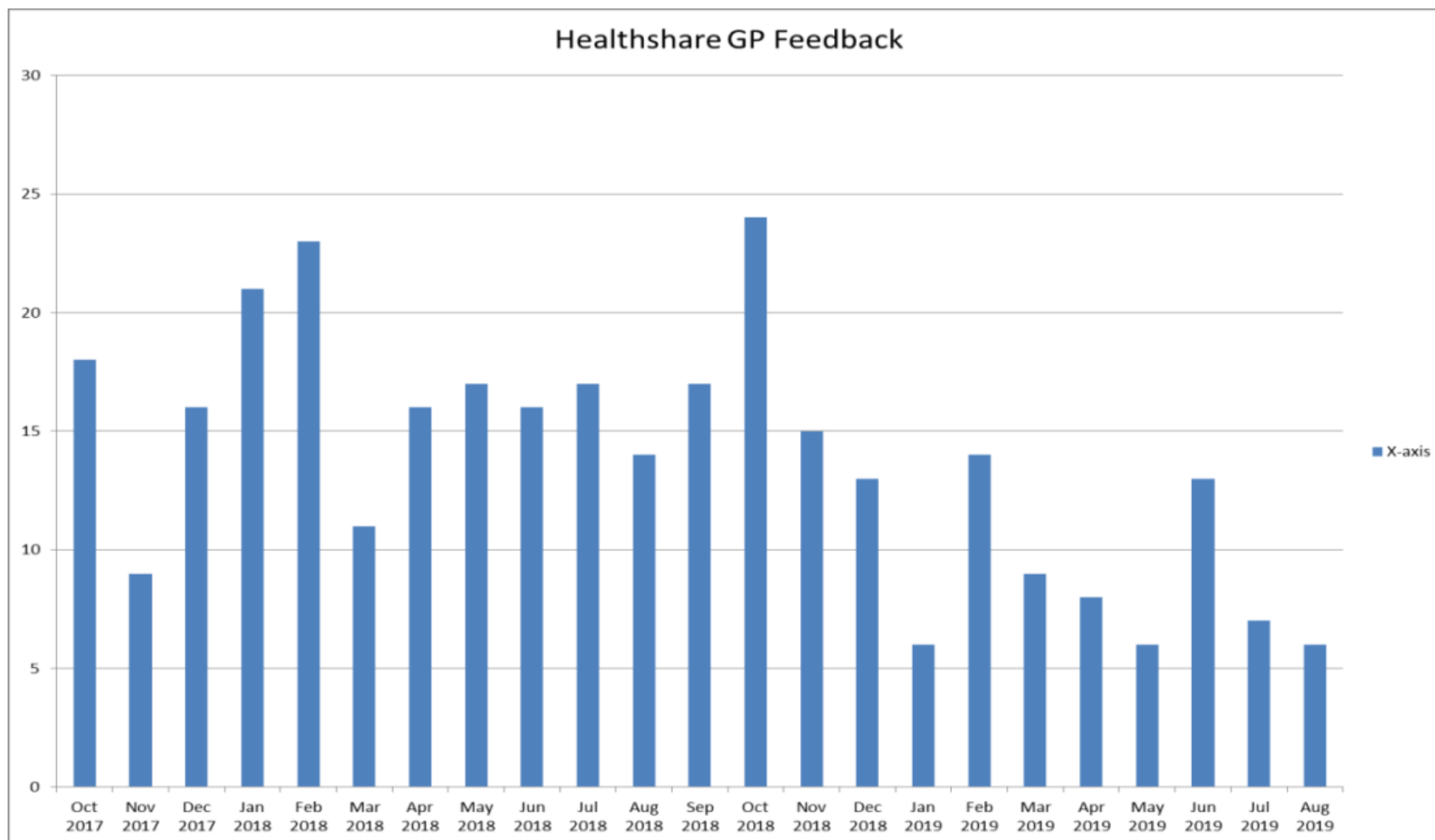
(Figure 1: MSK MATT (Healthshare) patient experience complaints Oct 2017 – Aug 2019)



Since October 2018 there has been a downward trend in patient experience complaints, however this did increase in August, with relevant matters being addressed with Healthshare. Ongoing monitoring of complaints and use of learnings from complaints for service improvement continues.

There has been a general downward trend in GP feedback during 2019, however this was above trend in June with 13 items received.

(Figure 2: MSK MATT (Healthshare) GP Feedback Oct 2017 – Aug 2019)



## 2.4 Patient Survey

At the end of 2018, OCCG undertook a survey to understand the patient experience of the new musculoskeletal (MSK) service being provided by Healthshare. The survey was carried out as part of the work of the HOSC Task and Finish Group on MSK services. The [report](#) was been shared with the HOSC Task and Finish Group. OCCG's planned care team responsible for commissioning MSK services and Healthshare to help support improvements in the MSK services. The survey was re-run in June this year and ran until the end of August. A report will be available at the beginning of October 2019. However headline data includes:

- 98 people responded to the survey; this is similar to the number who previously responded (93)
- 57% of those who responded rated their experience as average or above average; this is down 13% from the previous survey
- 69% of respondents waited less than six weeks for their first appointment after being contacted by Healthshare (previously 44%); 29% of respondents waited more than six weeks.(36% previously)
- 47% of respondents were satisfied or very satisfied with information, treatment and follow up they received; 36% were not satisfied – this is down by 8% from the previous survey

To note: Any interpretation on this smaller sample size needs to be done with care given that the service feedback reported an average of 91% as shown in appendix 1.1.

## 3. OCCG to investigate and report back to HOSC how location of appointment is considered when offering appointments for patients by Healthshare.

When speaking with a Healthshare operative the patient will be given both the soonest available appointment at any site and the soonest available appointment at their closest site, to allow for choice. However, in order to streamline the booking process Healthshare have started to move to using the e-Referral System (e-RS) for the booking of our own clinics. What this means is that the patient gets a letter asking them to book their appointment on line or on the phone and when they do so they will have all of the clinics available to book in to, along with the individual wait times for each of those clinics. This enables 100% transparency and patient choice.

### 3.1 Scheduled Service locations and times

- East Oxford Health Centre: Mon – Fri 8:00 until 6:00 with Saturdays as required

- Bicester Community Hospital: Mon to Fri 8:00 until 5:30
- Chipping Norton Health Centre: Mon to Fri 7:30 until 5:00
- Wallingford Community Hospital: Mon to Fri 8:00 until 5:30
- Deer Park Medical Centre, Witney: Mon to Fri 8:00 until 5:30
- Woodlands Medical Centre, Didcot: Wed & Thu 7:30 until 6:00
- Townlands Hospital, Henley on Thames: Mon to Thur 8:00 until 5:00
- White Horse Medical Practice, Faringdon: Mon, Wed, Thu & Fri 8:00 until 5:00
- Horton Treatment Centre, Banbury (Ramsay Hospital): Mon to Fri 8:00 until 5:30
- Wantage commenced 3 September 2019 planned clinic times Tuesday, Wednesday and Thursday 8am until 5pm.

#### 4. Greater details on the KPI's being used to measure performance

Having achieved significant improvement in time to first appointment for Urgent referrals, the current focus for Healthshare MSK services is on achievement of core KPI's including time frame to first appointment for routine referrals, which is targeted to be within 30 working day.

The chart below provided current levels:

<b>July 2019 MSK MATT KPI performance</b>		
<b>KPI</b>	<b>Target range</b>	<b>July 2019 Healthshare MSK</b>
Urgent referrals (%) seen in 7 working days	<b>80-95%</b>	<b>86.4%</b>
Routine referrals (%) seen in 30 working days	<b>75-95%</b>	<b>41.8%</b>
Referrals triaged within 48 hours	<b>&gt;65%</b>	<b>89.3%</b>
EQ5D	<b>50-85%</b>	<b>86.8%</b>
% Improvement in 1 or more areas measured by EQ5D		<b>(n 566 responses)</b>
Patients satisfaction questionnaire	<b>64-90%</b>	<b>90.5%</b>

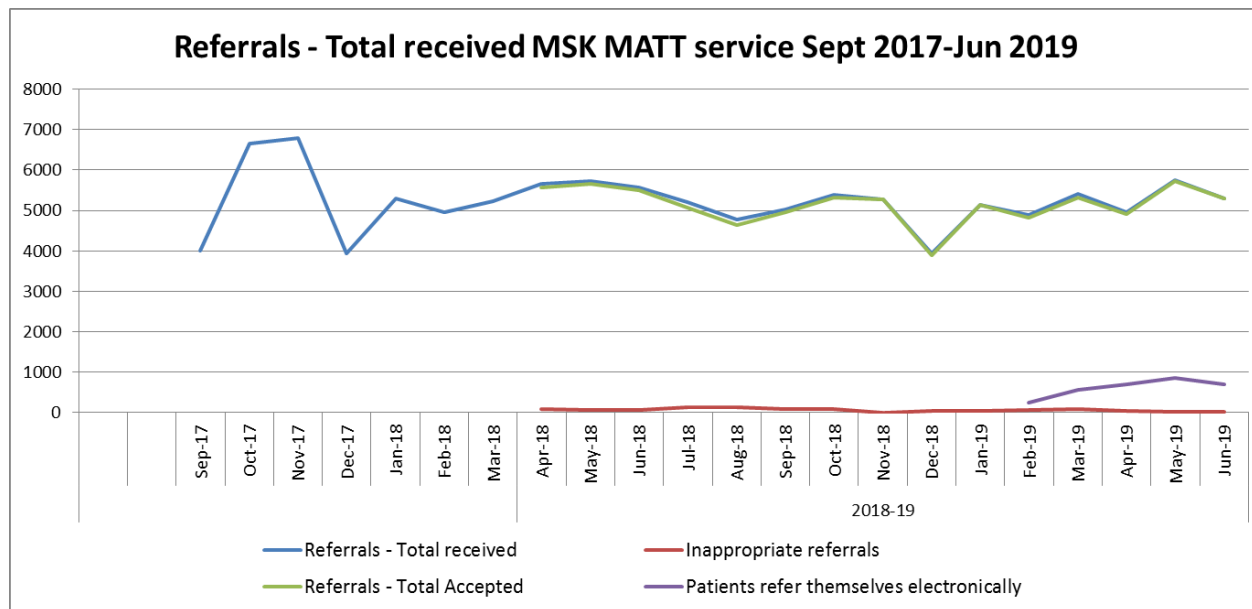


% of people rating their care as good or excellent		<b>(n 1,486 responses)</b>
Self referral - # of referrals /month	<b>20-35%</b>	<b>842 (37.7%)</b>

To add additional detail to KPI information, the series of graphs below, drawn from Healthshare reported, commission support unit reviewed data, shows MSK MATT activity since commencement of the Healthshare provided service. This is represented for referrals, and performance in terms of progressing referrals through from triage to the first appointment, non-attended appointments, those cancelled by the service and patients discharged.

Onward referral patterns to secondary care, both direct and those referred following patient appointment with Healthshare are shown.

**(Figure 2: MSK MATT (Healthshare) referrals September 2017 – Jun 2019)**

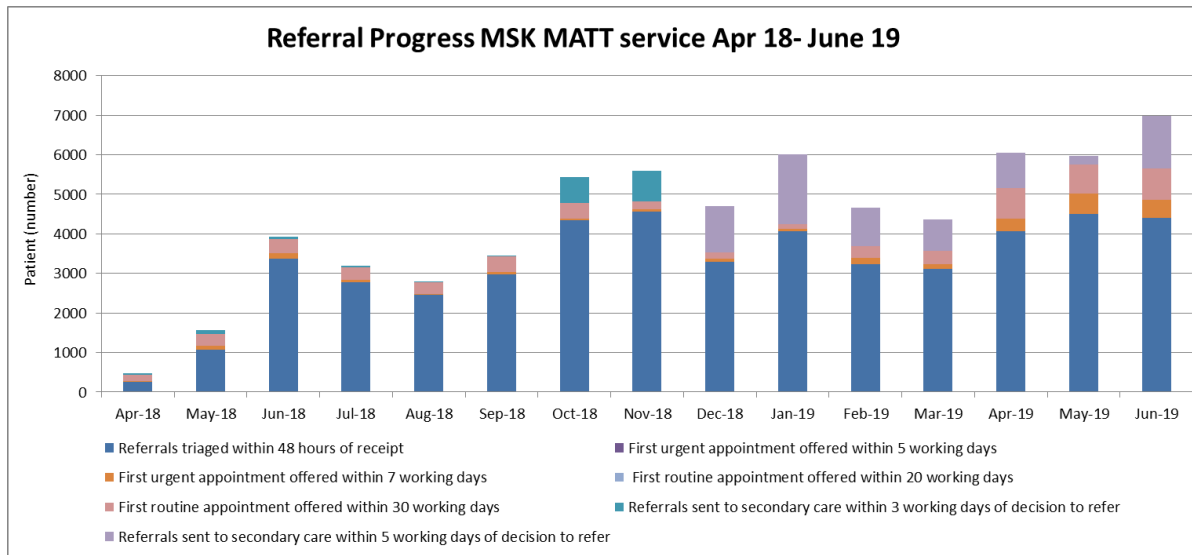


Referral activity has maintained a consistent level over the last 12 months, once the initial backlog of referrals was processed.

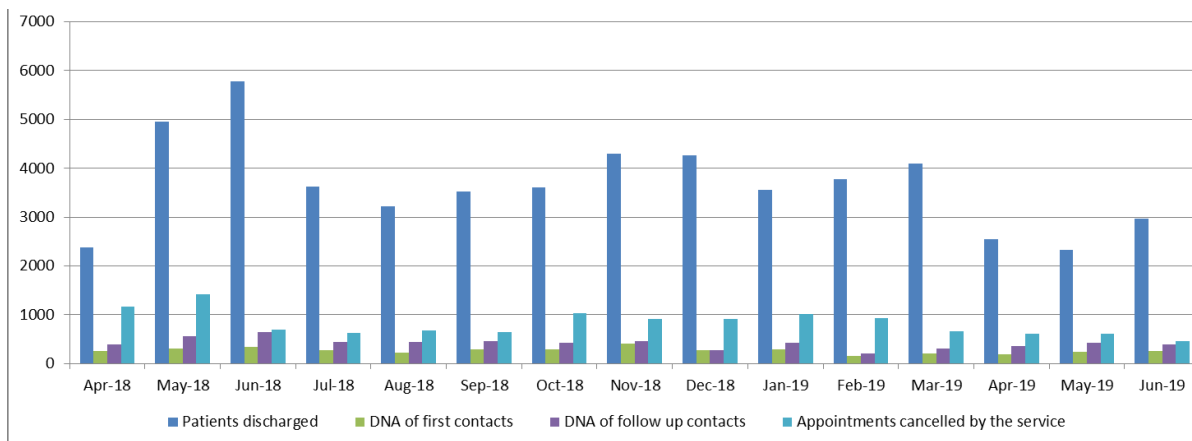
## 4.1 Performance

Overall service performance in terms of triage and processing of referrals has seen improvement in timeframes to first appointment for urgent referrals and consistency in terms of onward referrals to secondary care. A recent decline in patients discharged from the service has been seen, which Healthshare have explained relates to patients being left on open access at the end of their active appointment/treatment phase.

(Figure 3: MSK MATT (Healthshare) referral triage and timeframes to first appointment Apr 18 – Jun 2019)

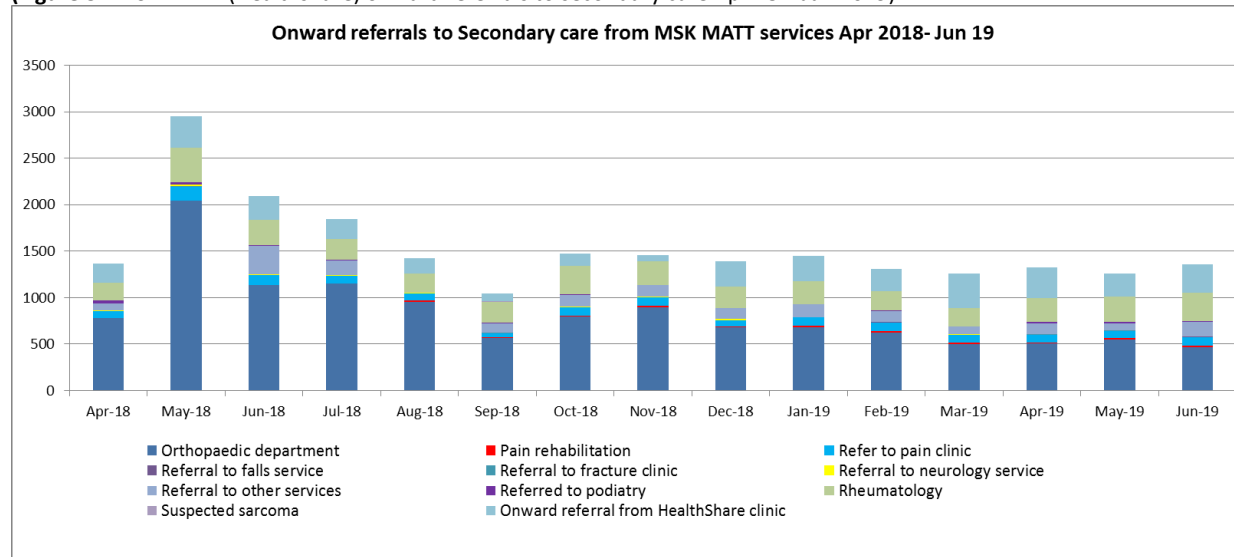


(Figure 4: MSK MATT (Healthshare) Patients discharged, non attendance and cancellations by the service Apr 18 – Jun 2019)



Non attendance of appointments remains relatively low, however, whilst improved, appointments cancelled by the service at around 400-500 appointments per month, while reduced still appear high and of concern.

**(Figure 5: MSK MATT (Healthshare) onward referrals to secondary care Apr 18 – Jun 2019)**



Onward referrals to secondary care show a consistent pattern in 2019.

### 5. Check whether people are being told they cannot have an appointment

As with all NHS funded services some people, once assessed either via their referral or in face to face assessment appointment, may prove to be outside the scope of the service.

Beyond that there is no brief currently from the CCG for patients with existing MSK issues to be excluded from the service. The timeframe in which the patient's referral is progressed through the queue will depend on a range of variables, working within target time frames.

Although poor response and timeframes in relation to referrals and first appointment are evident in recent patient experience feedback, there were no cases raised of patients being told that they cannot have an appointment.

**6. When MSK Services will return to Wantage Hospital?**

Musculoskeletal services at Wantage Hospital re-opened on 3 September. There was a short delay in the start of the service due to mobilisation issues but they are now up and running. The planned clinic times are Tuesday, Wednesday and Thursday 8am until 5pm.

## Appendix 1: Update from Healthshare on Patient Satisfaction, Outcome Measures, Wait Times, Call Data and Self- Referral

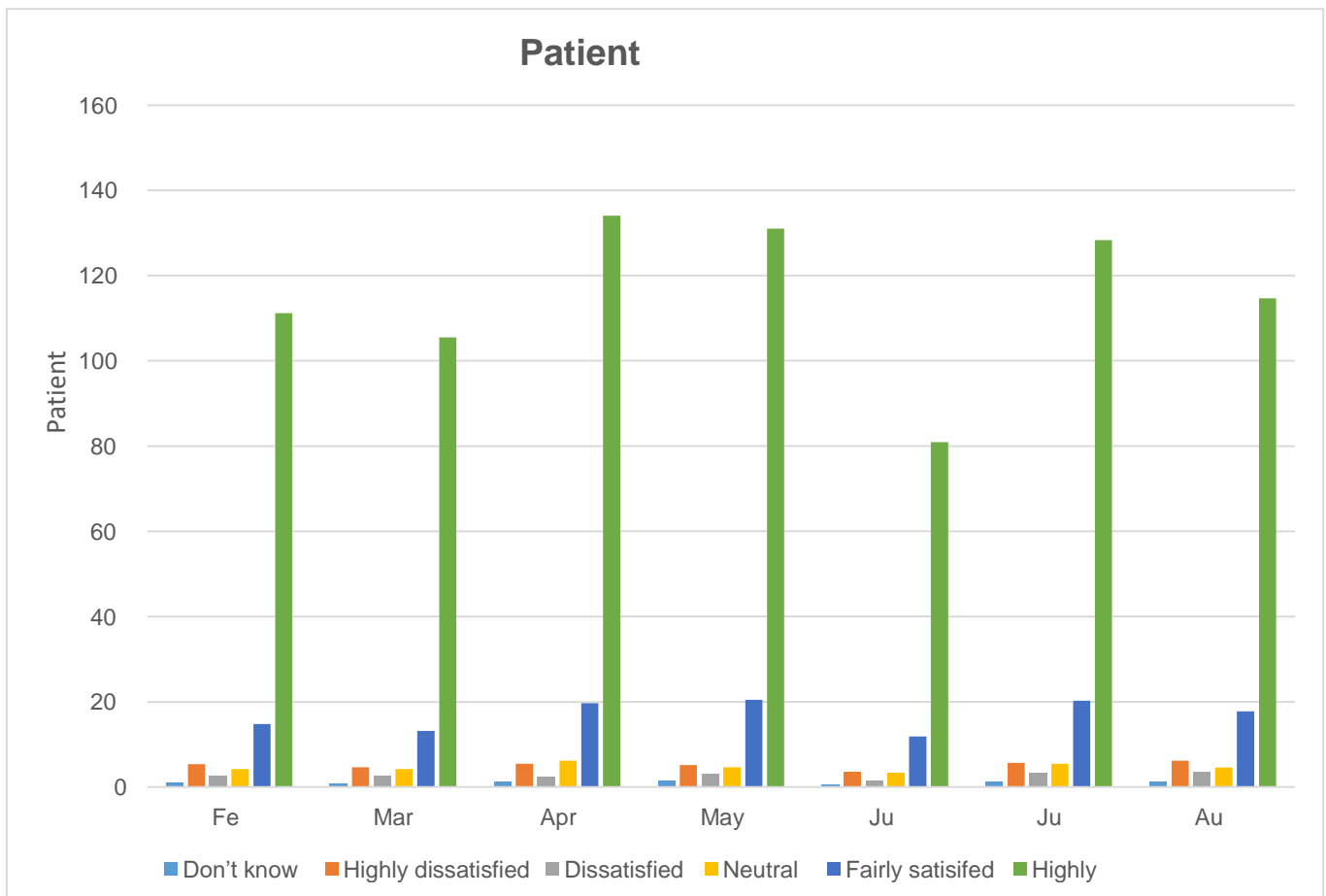


### 1.1 Patient Satisfaction

As the below table demonstrates Healthshare have an average of 91% patient satisfaction, with 5% of those responding not satisfied with the service. For comparison the data released by NHS England for June 2019 for the friends and family test shows that on average across the NHS 89% of GP’s patients and 94% of outpatients would recommend the service they received, with 6% and 3% respectively not recommending the service.

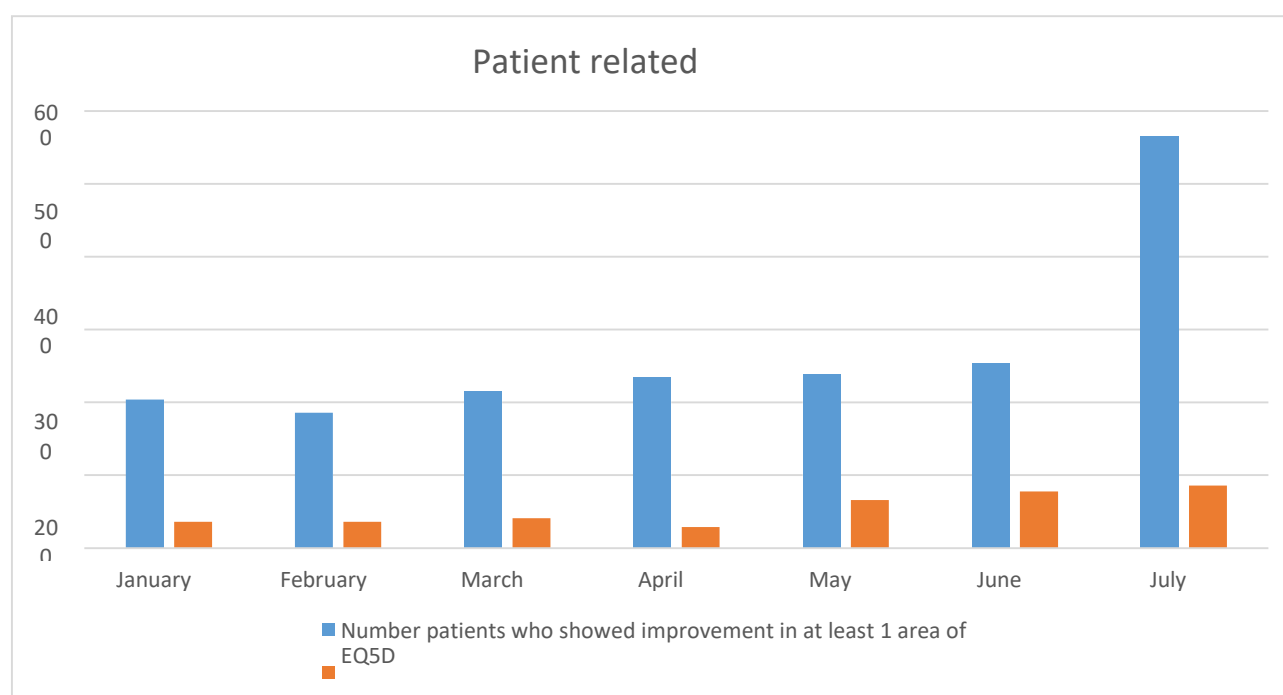
For an even closer patient group comparison the 2019 data from the NHS GP survey for patients only with joint and muscles issues and living in Oxfordshire the satisfaction rating is 87%, with 6% unhappy with their treatment. Demonstrating that the service that Healthshare delivers is comparable or better than the national averages.

It is also worth noting that for the period below Healthshare have collected over 10,000 patient responses with a response rate of 25% compared to a response rate of c.1% of GP appointments and c.4% of outpatient appointments, allowing for a much truer reflection of the service Healthshare deliver.



## 1.2 Patient related outcome measures

On average 85% of Healthshare patients report an increase in their general health. We record this data using the EQ5D outcome tool. This gives a more holistic insight that ties in to the approach Healthshare uses in signposting patients to various other local resources for things like; weight loss, smoking cessation and mental health. It also allows benchmarking against other health services that use the EQ5D measure. For example in 2017/18 NHS digital reports that 82% of patients that had a knee replacement self-reported an increase in their general health. Healthshare have also been working hard to improve our collection data and have recently seen a significant increase in patients returning a questionnaire at both their initial and final appointments.

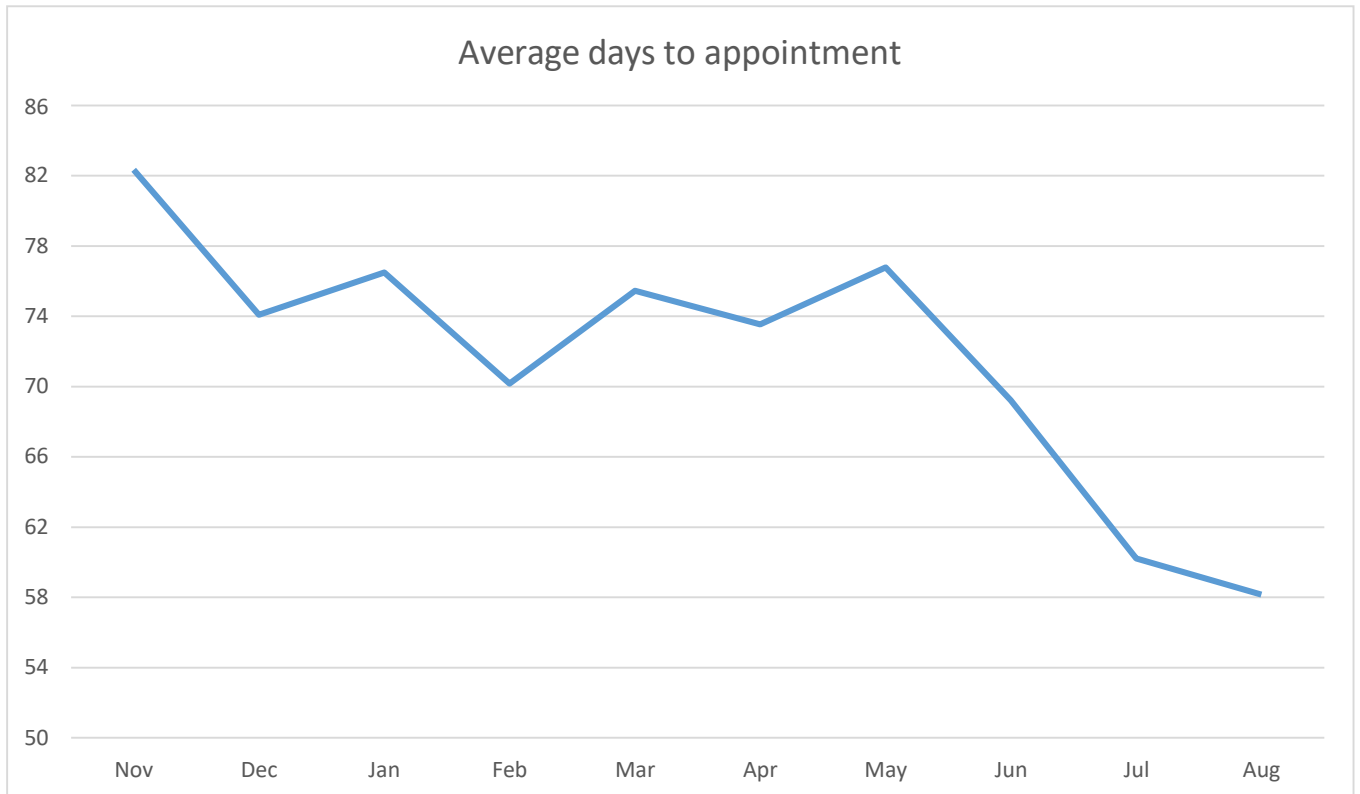


## 1.3 Wait times

Wait times for the service have been consistently dropping since Healthshare began the contract. As of mid- August 2019 the average wait for appointments is 58 days, and we expect to see that decrease further to within the CCG designated KPI by the start of September. Along with additional estate in Wantage Healthshare have invested in both new permanent staff to ensure the long term sustainability of the improvement and temporary clinical staff to drive wait times down as quickly as possible.

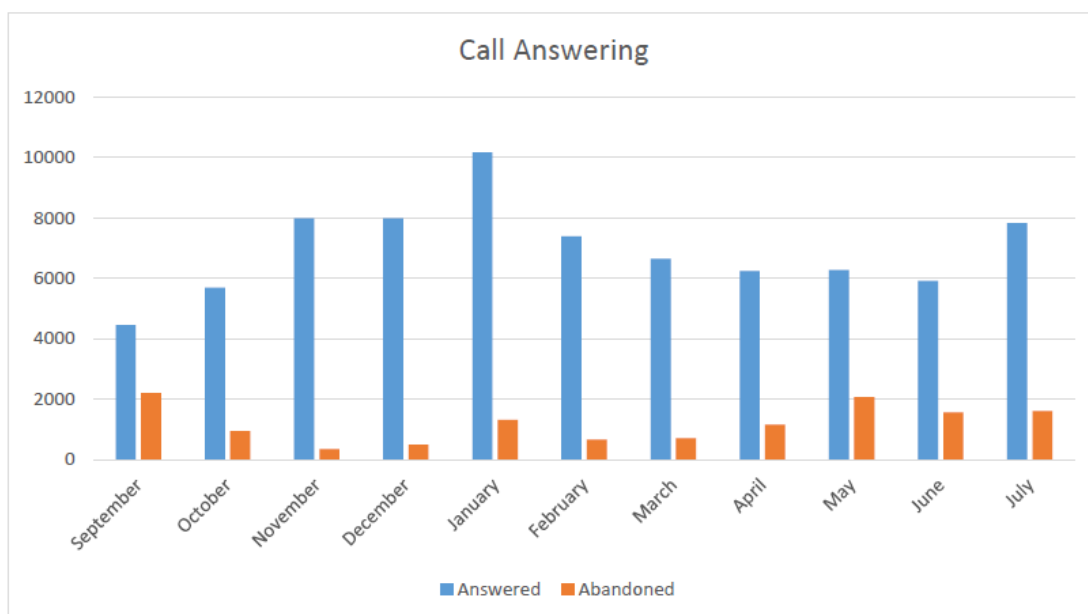
Alongside this there has been an evolution of the clinical model, whereby patients that have low level degenerative changes, such as osteoarthritis of the knee, are seen as a group by a multi-disciplinary team of clinicians. This allows more time

with the patients to provide education, advice and treatment than a one to one appointment, whilst also allowing the service to see more patients in a shorter time.



#### 1.4 Call Data

On average between September '18 and July '19 Healthshare answered over 85% of the 90,000 calls that came in to our phone system to be answered. As a comparison the NHS GP survey for 2019 advises that 81% of Oxfordshire patients and 68% of patients nationally advise it is easy to get through to someone at their GP practice.



## 1.5 Self-referral

Self-referral continues to be a success, having seen a drop in the number of patients referred by GP and a commensurate rise in self-referrals, but with no increase in overall referrals. With referral numbers now starting to plateau Healthshare will engage on a new round of publicity for the self-referral service, concentrating on advertising on the screens within GP surgeries and looking at publicising it more directly to patients.

