
Report To: Inverclyde Integration Joint Board **Date:** 10 September 2019

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:** IJB/48/2019/HW

Contact Officer: Helen Watson
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Subject: NHSGGC MUSCULOSKELETAL (MSK) PHYSIOTHERAPY
SERVICES

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an update to the Inverclyde Integration Joint Board members on the performance of the MSK Physiotherapy Service, which is hosted on our behalf by West Dunbartonshire HSCP.

2.0 SUMMARY

- 2.1 The Annual Report provides data on performance for Inverclyde people in relation to source of referrals, referrals per month and average wait in days.
- 2.2 The report also outlines the key objectives of the MSK Service.

3.0 RECOMMENDATIONS

- 3.1 That the Inverclyde Integration Joint Board members note the proposed actions to reduce waiting times.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 MSK conditions continue to have a major impact on people's lives. It is one of the leading causes of time off work and more years are lived with MSK disability than any other condition. The MSK Physiotherapy Service aims to provide a person-centred approach which is focused on movement, exercise and supported self- management.
- 4.2 The MSK Service is hosted by West Dunbartonshire HSCP on behalf of the six Partnerships based within the NHS Greater Glasgow and Clyde catchment. The appended report relates to service activity within Inverclyde during 2018/19. The report highlights a reduction in both waiting times and the number of patients waiting for an appointment.
- 4.3 During the period April 2018 to March 2019 Inverclyde HSCP referral rates rose from 4,726 to 5,004. The number of patients waiting over 4 weeks has reduced from 9,770 in April 2018 to 5,575 in March 2019. Within Inverclyde HSCP a total of 249 new appointments were not attended (6.3%). Out of 10,374 return appointments, 857 were not attended (8.3%).
- 4.4 The report also mentions an underspend of £238,000 (in relation to the entire service, not just the Inverclyde provision) and savings of £58,000, making an overall spend reduction of £296,000.
- 4.5 The report commits to developing the Advanced Practice Physiotherapy role, and investigating possible new models of care, although it is not clear how the service plans to work with wider community-based services to deliver better outcomes, or work more closely with the new teams set up to deliver the Primary Care Improvement Plan.

5.0 IMPLICATIONS

5.1 FINANCE

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

- 5.2 None.

HUMAN RESOURCES

- 5.3 The report commits to a further 10 WTE posts, although it is not clear what these will deliver.

EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

X

YES

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 The potential clinical or care governance implications arising from this report are not clear, as there is no narrative about the outcomes for patients who either did not attend or had a long wait before entering the service. However the report does provide information about complaints and about quality of care audits.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	MSK Physio is central to reablement and promoting self-care and independence
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The MSK Physio Service could potentially work more closely with the Home 1 st Services.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The quality audits support enhanced experience.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The service clearly aims to deliver this outcome, but appears to focus solely on the condition being treated. Better linkage with wider

	community services could potentially enhance this outcome.
Health and social care services contribute to reducing health inequalities.	Further analysis is required in regard to those patients who did not attend, to ascertain if equalities issues contributed to non-attendance.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	Quality Audits indicate the MSK Physio team deliver a safe service.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Analysis has not been undertaken to ascertain if reduced spend has been the result of efficiencies or service reduction.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	X
	4. Inverclyde Council and NHS GG&C	

NHS GGC should confirm what Partnerships' expectations from the MSK Physio Service should be, and consider a Service Level Agreement (SLA) with partners receiving services from a Single Host.

7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 None.

NHSGGC Musculoskeletal (MSK) Physiotherapy Service Annual Report 2018/19 for Inverclyde Health and Social Care Partnership



Our Vision

To offer expert diagnosis and intervention to maximise the potential of people with MSK conditions, the most common cause of disability and work related absence in the UK

Foreword

Welcome to our annual report which covers the period April 2018 to March 2019.

MSK conditions continue to have a major impact on people's lives. It is one of the leading causes of time off work and more years are lived with an MSK disability than any other condition. The MSK Physiotherapy Service continues to provide a person-centred approach which is focused on movement, exercise and supported self management. As we help patients to recover and return to normal activities, we are also encouraging them to take up more active and healthy lifestyles.

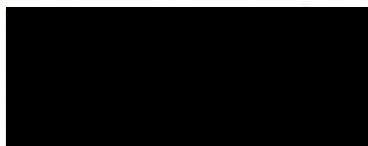
2018/19 has been a successful year. We have reduced both our waiting times and the number of patients waiting for an appointment. This has been achieved at a time of increasing demand with more patients being referred to our service. We have worked with the NHSGGC AHP Director and the MSK Programme National Lead from the Scottish Government to review our service and ensure we are as efficient and effective as possible.

This year saw the expansion of our Advanced Practice Physiotherapists into Primary Care. From the initial pilot in Inverclyde HSCP then Govan Ship, we went on to recruit a total of 13 wte posts for GGC during 2018/19 and we continue to progress this work across all HSCPs.

Our focus on staff wellbeing has seen many new exciting developments for staff within the service and we held a successful wellbeing event led by Sir Harry Burns in August 2018. Our first conference focusing solely on MSK Physiotherapy was held in December 2018 and feedback from staff was very positive with new learning resulting in changes to clinical practice.

This year saw us involved in a funded project with Orthopaedics to test if we could improve the patient journey and reduce Orthopaedic demand by ensuring patients were seen by the most appropriate service. Almost 1,000 patients were referred to MSK Physiotherapy direct from the Orthopaedic waiting list and were managed appropriately during the project. These results will inform future developments within NHSGGC.

In conclusion, 2018/19 has been a very positive year. This is testament to all the hard work, commitment and dedication of all the staff in the MSK Physiotherapy Service as well as the support of the Chief Officer, Beth Culshaw, from West Dunbartonshire HSCP.



**Janice Miller, MSK Physiotherapy Service
Manager & Professional Lead (Partnerships)**

The year in figures 2018/19



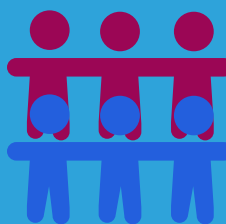
75,510 referrals (70,097 in 2017/18)



**Average wait in
April 2018 56 days**

**Average wait in
March 2019 32 days**

**154,814 return
appointments**




**60,171 new
appointments**



**4 stage 2
complaints**

3 not upheld

**1 partially
upheld**



**184.61 wte staff
with 243 staff in
post (including
APPs)**

**132.38 wte
qualified clinical
staff**

MSK Physiotherapy

The NHSGGC MSK Physiotherapy Service is hosted by West Dunbartonshire Health & Social Care Partnership (HSCP) on behalf of Partnerships and the Acute Service Division of NHSGGC. The MSK Physiotherapy Service Manager reports to the Chief Officer of West Dunbartonshire HSCP; and the service is included within the HSCP development plans and governance structures.

MSK Physiotherapists are highly skilled in assessing, diagnosing and treating people with physical problems caused by accidents, ageing, disease or disability. The service treats adults over the age of 14 and all qualified staff are registered with the Health and Care Professions Council (HCPC) with registration checked on a monthly basis.



Key Objectives

Provide an efficient, timely and equitable MSK service

Provide an effective MSK service

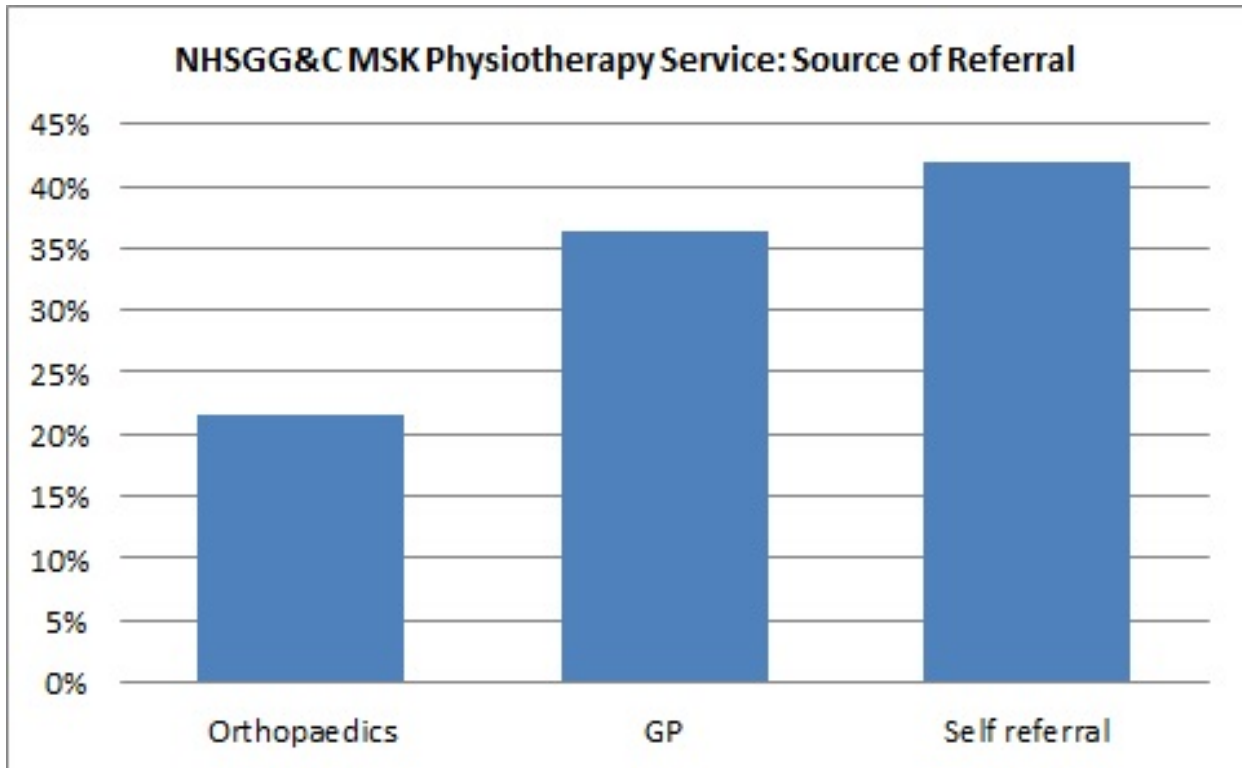
Provide a person centred MSK service

Ensure staff wellbeing within the MSK service

Provide a safe MSK service

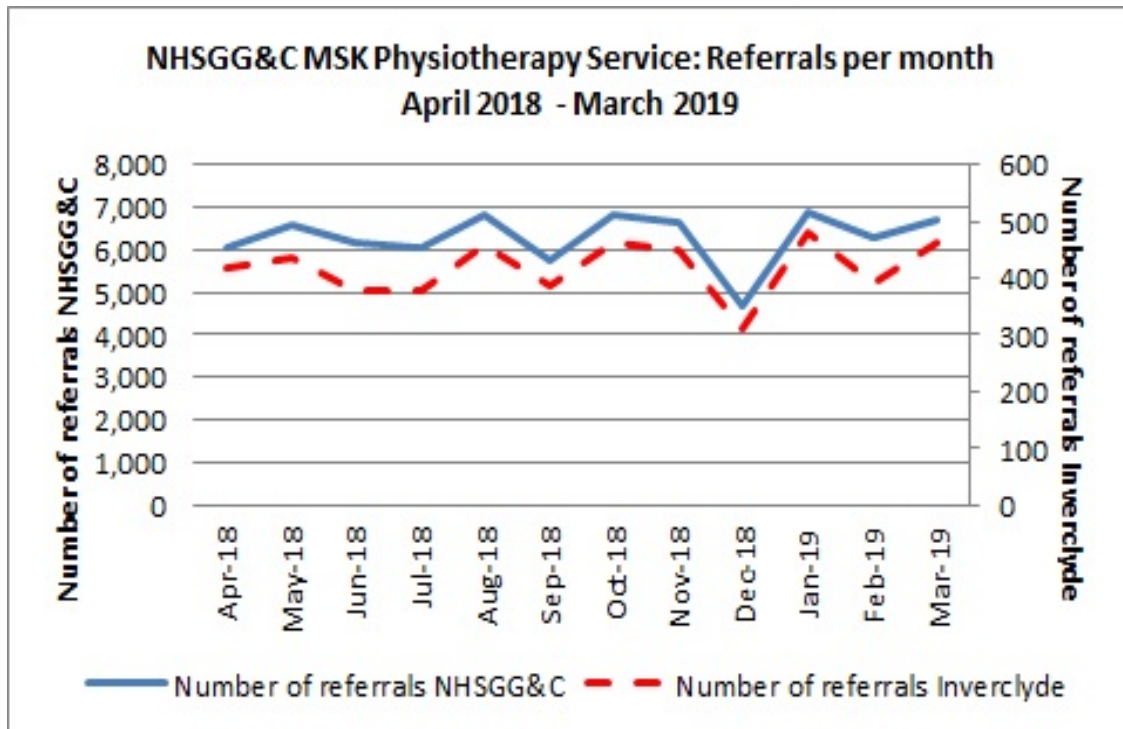
Provide a creative & innovative service that will be responsive to current and future challenges

Inverclyde HSCP



Patients can access MSK Physiotherapy via self referral or GP referral. The Orthopaedic service continues to be the other main source of referrals into the service. All referrals are logged onto our electronic system and vetted by a clinical member of staff to identify any clinical priorities. A small proportion of patients are phoned directly as they require an immediate appointment whilst the majority are sent a letter inviting them to call and book an appointment at a time and place suitable to the patient. They are usually offered the first available appointment within their local quadrant but many patients choose to wait for an appointment closer to home or work. All appointments are managed by our Referral Management Centre (RMC).

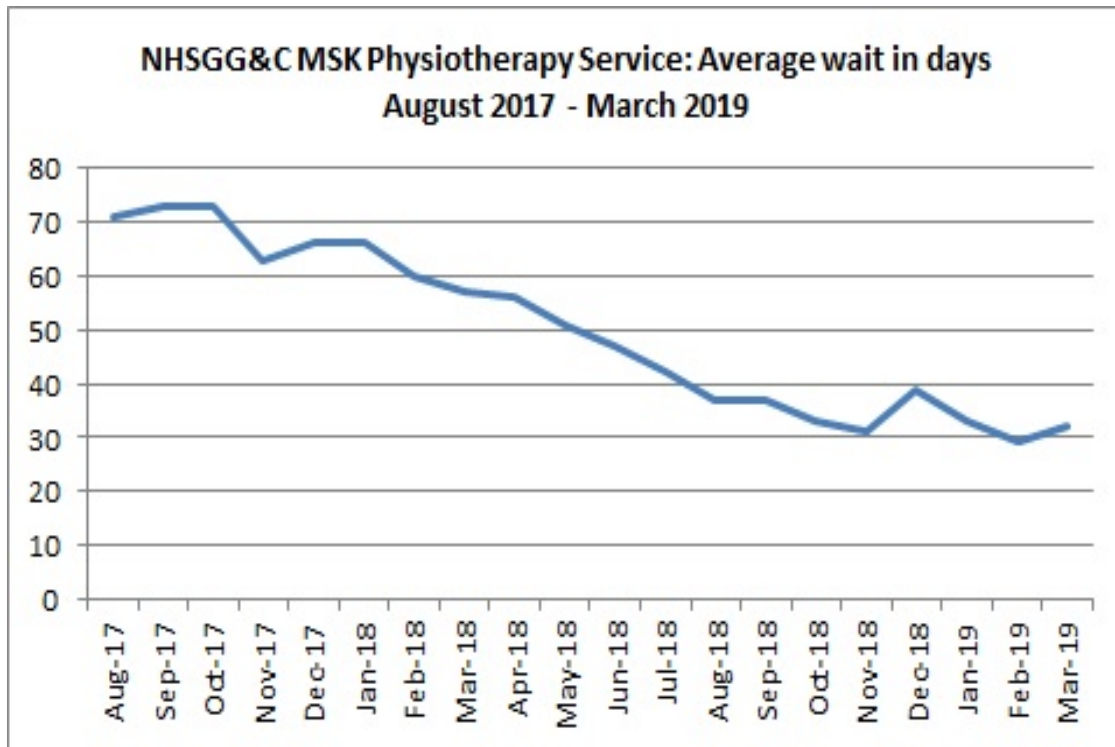
Inverclyde HSCP



Across NHSGGC the number of referrals received from all sources has increased during 2018/19 from 70,097 referrals in 2017/18 to 75,510 in 2018/19. Almost 1,000 of these referrals were part of the joint MSK/Orthopaedic project (for which additional staff were funded and recruited). This equates to a 6.3% rise excluding these additional referrals.

Referrals in Inverclyde HSCP rose from 4,726 to 5,004.

Inverclyde HSCP



Considerable work has been done this year to reduce waiting times for MSK Physiotherapy. Various improvement workstreams and extra capacity from the MSK/Orthopaedic project have allowed us to reduce the number of patients waiting over 4 weeks from 9,770 patients in April 2018 to 5,575 in March 2019. The waiting time for a routine appointment has reduced from a maximum of 20 weeks to 13 weeks (excluding periods of unavailability).

The chart above shows the average wait in days for an appointment within the service. As work has focused on seeing the patients who have waited the longest, the total number of patients seen has increased but this has reduced the proportion of patients seen within 4 weeks. An average of 39% of patients were seen within 4 weeks.

Inverclyde HSCP

In 2018/19 there were 60,171 new patient appointments available across the whole MSK Physiotherapy Service. Within Inverclyde 3,945 new appointments (6.6%) were available and patients from the area have accessed the service outwith the HSCP. During this period, approximately 5% of all appointments for Inverclyde residents were outwith the HSCP area. These are predominantly at the RAH although Inverclyde residents access the service across the whole of NHSGGC possibly due to work or family commitments. Less than 5% of Inverclyde appointments are used by residents from outwith Inverclyde. Each month Inverclyde had between 220 and 320 new appointments available, the variation due to the number of working days in the month and staff on duty at any one time.

Within Inverclyde HSCP a total of 249 new appointments were not attended (6.3%) and could have been offered to patients on the waiting list if we had been informed or patients cancelled with enough notice to refill the appointment. Out of 10,374 return appointments, 857 were not attended (8.3%).



MSK Physiotherapy Service

Regular audits include our record cards and a yearly Consultation and Relational Empathy (CARE) Measure ensure quality of care. This validated patient reported experience measure seeks feedback from our patients on their experience of the therapeutic intervention. The results demonstrate the empathy and interpersonal effectiveness of our excellent clinicians.

Results from the audits are below.

Record Card Audit	2016	2017	2018
Quantative results	94%	97%	98%
Qualitative results	91.5%	94.3%	96.7%

CARE Measure	2017	2018
results	48.4 out of 50	48.4 out of 50

Outcome measure	Pre treatment (average)	Post treatment (average)
Pain (10 = worst pain possible)	6	3
Function (10 = no functional restriction)	5	8

During 2018/19 the did not attend (DNA) rate for new patients for the whole service was averaging 6.3% down from 7.5% in 2017/18. Staff are actively reminding patients to cancel appointments if they no longer require them or cannot attend and text reminders continue to be sent to all patients before their appointments.

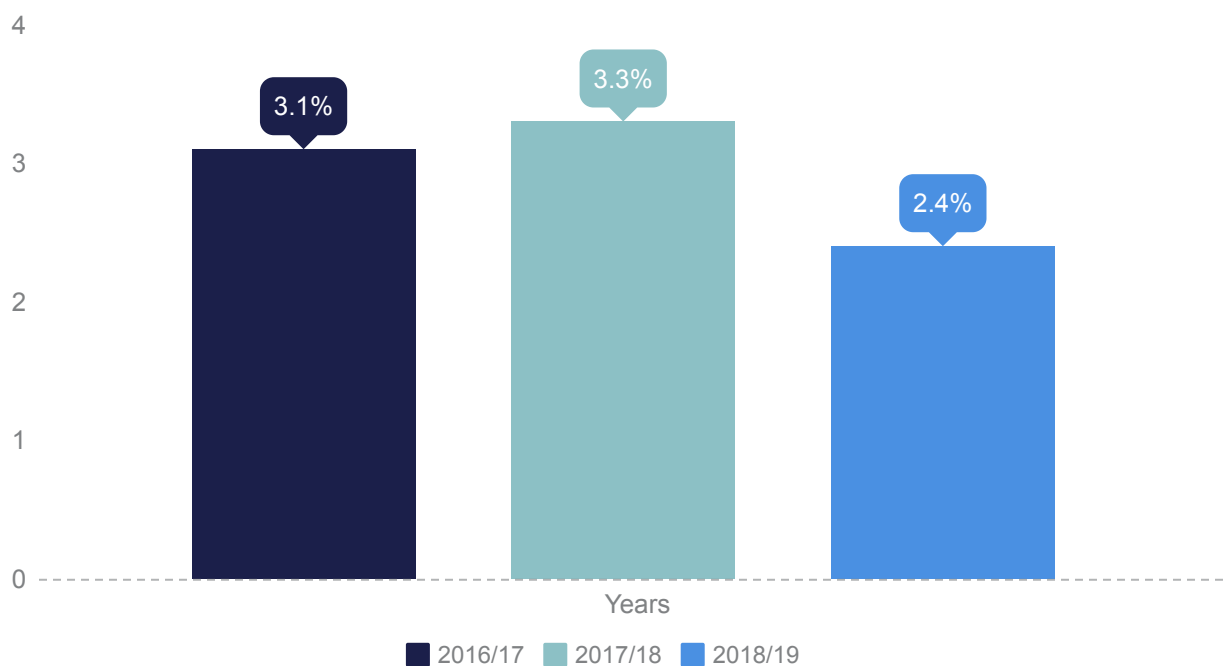
Rates of DNA for follow up appointments are always slightly higher but we have still managed to reduce this rate from 10% in 2017/18 to 8.7% in 2018/19 by regularly reminding staff to prompt patients.

MSK Physiotherapy Service



The MSK Physiotherapy service received a budget allowance for 2018/19 of £6.103m which reflected savings of £0.058m. The actual expenditure for 2018/19 was £5.865m. The underspend was due to an unprecedented turnover in staff linked to the new APP posts.

Sickness Absence



The Year Ahead

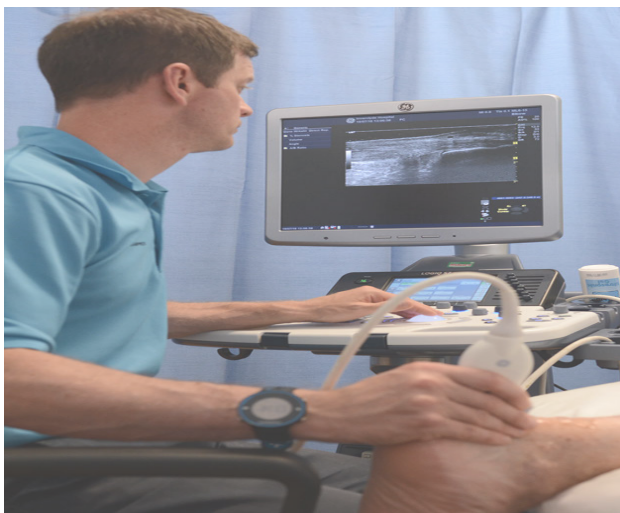
Waiting times and rising demand continue to be the main challenges for the MSK Physiotherapy Service and will remain a focus for the senior management team. Evaluating new treatment modalities and diagnostic tests which aid the patient's recovery continue to progress within the service including the use of diagnostic ultrasound and shockwave therapy.

Work to develop the Advanced Practice Physiotherapy posts within Primary Care continues along with investigating possible additional models of care. Further recruitment of another 10wte posts is planned in 2019/20.

Work has just started to develop electronic patient records (EPR) on clinical portal and we plan to pilot this in 2 sites within the coming year. Further work is required to scope out hardware and Wi-Fi issues within the service to allow rollout across the whole service. We continue to record our outcome measures electronically and use a validated risk stratification tool for back pain patients so these will be incorporated into the EPR.

Initial discussions are underway to be the first NHS Board in Scotland to pilot the new national web based access tool "MSK Advisor". We will work with the National Programme Lead to test this tool which will allow patients to enter their symptoms online and following specific questions, gain access to relevant exercises, advice and support to self manage their problem or provide an onward referral to MSK Physiotherapy if appropriate.

Developments both within MSK Physiotherapy and other services e.g. Emergency Departments has led to competing demands for MSK physiotherapy staff and further work must be done in the coming year to address future workforce issues. We already link closely with the HEIs and the national Transforming Roles group around these issues but we still need to address local workforce issues especially around recruitment.



**Diagnostic
ultrasound in
action**



MSK Physiotherapy Service – actions to reduce waiting times June 2019

1. Ongoing improvement work with Referral Management Centre (RMC) to maximise clinical capacity and manage waiting list
2. RMC converting vacant slots at 72 hours instead of at 48 hours to increase chance of slots getting utilised)
3. Promote new GP referral guidance with GPs at locality/cluster meetings
4. Promote new self management resource cards to support above.
5. Auditing new patients seen in June to measure how many patients unlikely to benefit are still attending the service
6. Service review by AHP Director and national MSK Programme Lead – ongoing action plan has several workstreams all looking to improve efficiency
7. Exploring use of e-health within the service e.g. Attend Anywhere, Florence
8. Meeting planned on GGC being national test site for Web Based Access
9. Monitor impact of Advanced Practice Posts in Primary Care on demand into MSK

The high demand for MSK Physiotherapy continues to put pressure on the service and on waiting times. Excluding referrals from the MSK Orthopaedic project, referrals rose by 6.3% during 2018/19.