

Ayrshire and Arran NHS Board

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Musculoskeletal Service Improvement Update

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Recommendation

The Board is asked to note the progress made within the MSK Service in improving performance against the waiting times target during 2017/18 and endorse the ongoing service improvement programme for 2018/ 19.

Summary

The target is that at least 90% of patients aged 16 years or over will wait no more than four weeks from referral to first clinical outpatient appointment for AHP MSK Services.

Key Messages:

- 1) The Musculoskeletal Service has undergone significant redesign over recent years resulting in reduced waste, more streamlined pathways and better outcomes for people.
- 2) Several improvement measures combined with a reduction in demand have resulted in improvements in performance over recent months. To maintain current performance it is imperative that current core staffing levels are maintained.
- 3) On an interim basis an improvement facilitator will support the ongoing improvement work from January 2018 and redefine the future model for MSK services taking into account the significant redesign of primary care services.

Glossary of Terms

AHP	Allied Health Professions
ED	Emergency Department
MSK	Musculoskeletal
HSCP	Health and Social Care Partnership

1. Purpose of Report

The purpose of this report is to update NHS Board Members on the progress made against the waiting times target for the Musculoskeletal Service.

3. Background

The South Ayrshire Integration Joint Board has lead responsibility for the delivery of services managed through the Allied Health Professions Directorate. This includes responsibility for the delivery of Musculoskeletal Services across Ayrshire. Two papers were presented to the South Ayrshire Integration Joint Board during 2016 and a summary paper was presented to the NHS Board in 2017 describing the pressures facing the MSK Service and the action being taken to improve the situation. Since then there has been considerable progress made in improving access to MSK Services in Ayrshire. This paper summarises the action taken and the consequent impact.

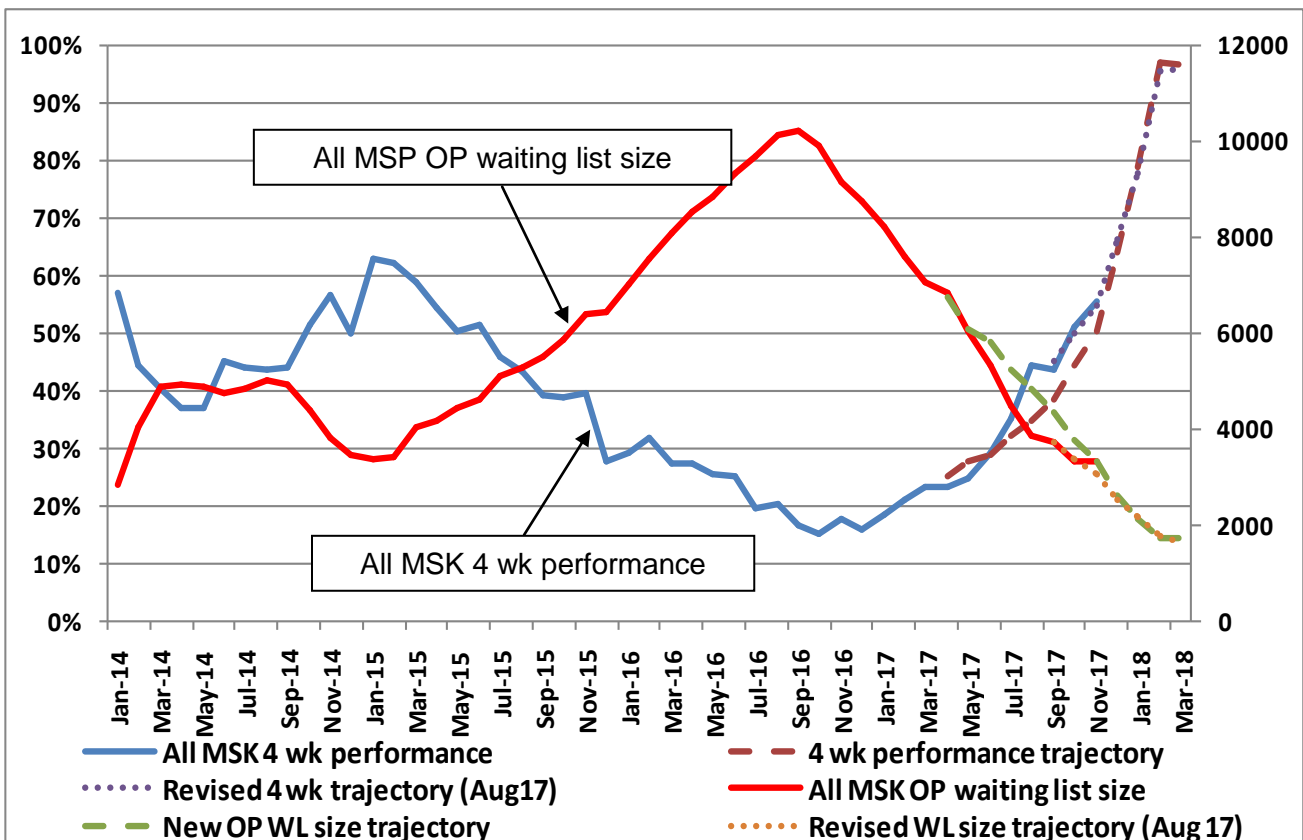
4. MSK waiting times performance

4.1 Performance against target

The target is that at least 90% of patients aged 16 years or over will wait no more than four weeks from referral to first clinical outpatient appointment for AHP MSK Services.

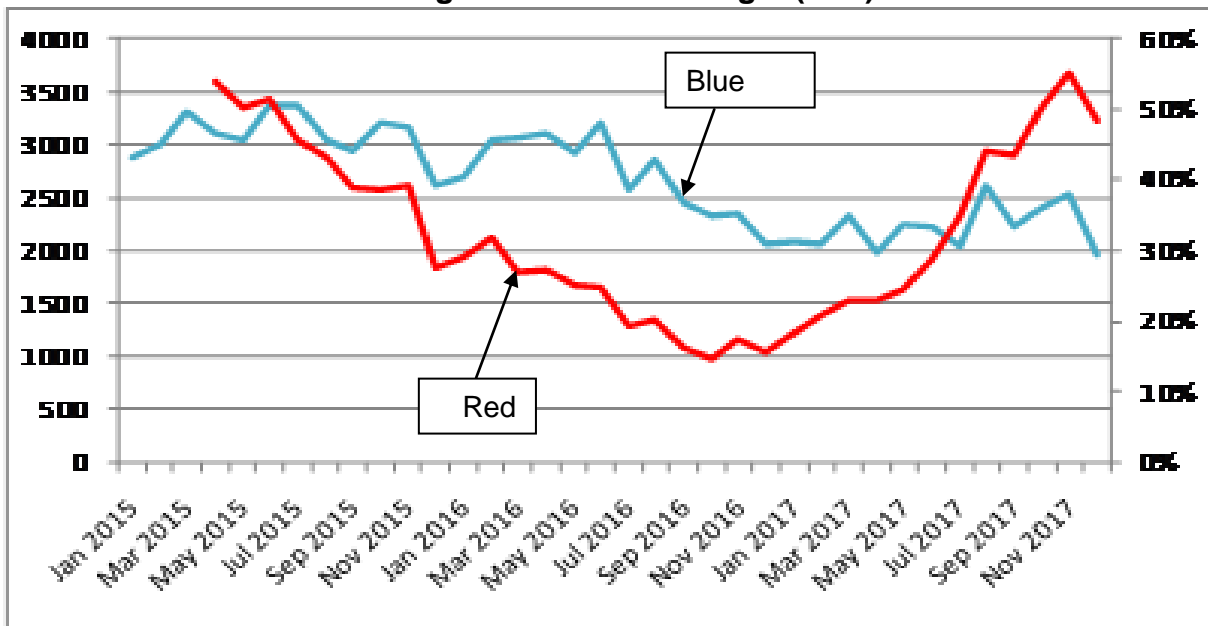
Performance improved from 15% a year ago to 66% during November 2017 (Fig 1). The average for Scotland was 54.6% during November 2017.

Figure 1. MSK service performance against 4 week waiting times target



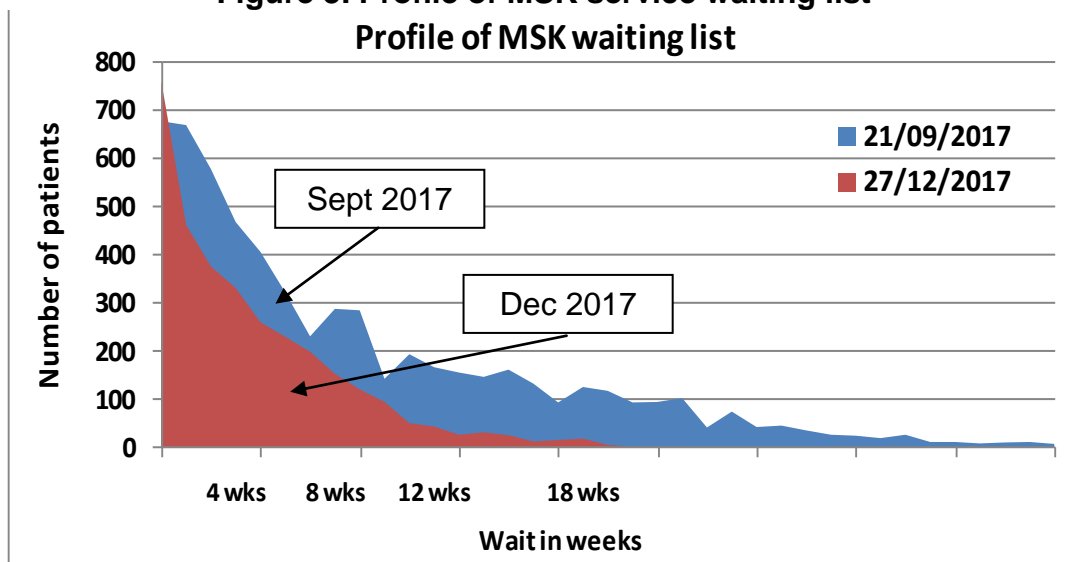
Performance has been very close to the service trajectory over recent months and is expected to increase significantly over coming months. This is due to a range of activities aimed at reducing demand, maximising capacity and clearing the backlog (see section 5). However, it is also likely that when waiting times were excessive that this dissuaded GPs and patients from referring into the service. The combination of these two effects caused monthly referrals to fall from over 3000 in 2015-16 to 2200 per month in 2016-17. As waiting times have reduced then referrals have begun to rise again from 2200 to 2400 during 2017-18. However, referral numbers remain well below the 3000 level seen prior to the improvement work which began in the summer of 2016 (Fig 2).

Figure 2. Monthly Referrals into MSK Service (Blue) and performance against four week target (Red)



It was forecast that the 90% target would be achieved around the end of March 2018 however because demand for MSK services has started to increase, the overall MSK waiting list only reduced slightly during November and December 2017. Performance continues to improve however due to continued booking in turn where capacity and clinical priorities allow (Fig 3). Of note, the performance in March may be 83.4% rather than achieving the 90% target, however the shortfall from target is less than 150 patients and therefore remains within reach.

Figure 3. Profile of MSK service waiting list
Profile of MSK waiting list



4.2 Number of people waiting and waiting times

The number of people waiting for an MSK appointment has reduced from a peak of over 10,000 in October 2016 to 3236 in December 2017 (Fig 1) and continues to fall.

The longest wait reduced from a maximum of 53 weeks in December 2016 to 38 weeks in September 2017 and 21 weeks in December 2017 (Fig 3). Average waits have improved from 17 weeks in September 2017 to 14 weeks in December 2017 (Table 1).

**Table 1. Musculoskeletal Service Waiting List Statistics
September 2017 v December 2017**

		21st Sep 2017			27th Dec 2017		
	Priority	Patients waiting	Average wait for appt (wks)	4 week performance	Patients waiting	Average wait for appt (wks)	4 week performance
MSK Occupational Therapy	Routine	188	14		184	17	
	Urgent	18	4		30	8	
	Total	208		28.4%	215		38.9%
MSK Physiotherapy	Routine	2456	17		1936	13	
	Urgent	541	4		444	6	
	Total	3005		43.0%	2380		65.5%
MSK Podiatry	Routine	431	7		349	11	
	Urgent	48	4		34	5	
	Total	482		75.1%	383		79.4%
Orthotics	Routine	130	5		226	11	
	Urgent	29	4		30	6	
	Total	160		80.0%	258		67.3%
MSK Services	Total	3855		47.8%	3236		65.9%

Maintaining current staffing levels should ensure improvements in waiting times are maintained, however there remains a risk that continued increasing demand will overwhelm the service once again. This effect should be mitigated by the roll out of primary care 1st point of contact roles (see below). Core MSK services must be maintained to ensure success of the primary care model whilst also ensuring efficiencies across the entire system, including Orthopaedics and ED.

5. Service Improvement

Improvement actions, including patient focused booking, 1st point of contact physiotherapy in General Practice and improved pathways for those with Chronic Pain have reduced the number of referrals being received by the MSK Service.

5.1 Chronic Pain

Initial targeted approaches in the management of chronic pain have been superseded by the introduction of the first line MSK physiotherapy roles within general practice. The improvement plan to manage chronicity and enhance self management approaches will be undertaken collaboratively with community pharmacy and polypharmacy review at the point of individual presentation in primary care settings. This work is being developed under the umbrella of Scottish Government Primary Care Transformation strategy and funding.

5.2 Emergency Department

There are now MSK Physiotherapists based at each acute site in the Emergency Department as part of the multidisciplinary team. Initial tests demonstrated a reduction in admissions from MSK presentations to the Emergency Department and in addition a reduction in referrals to orthopaedics and the MSK Service. This test of change has now been made permanent within University Hospital Crosshouse and a further temporary appointment at University Hospital Ayr has been made. Most recent data indicates this does not significantly reduce the demand for MSK services however it facilitates patients accessing early appropriate advice and intervention preventing chronicity and presenting symptoms. This will reduce ongoing cyclical access to health care services and associated healthcare costs.

5.3 Opt In Review

Self management approaches are prioritised at the point of referral including ongoing work with NHS24 Musculoskeletal Advice and Triage Service, which is hoped to achieve an increase from 12% to 25% of self management as the outcome from NHS Ayrshire & Arran referrals. Future plans for service access will focus on development of an opt in pathway for review appointments. To enable this there is a requirement to ring fence the administration team capacity.

5.4 First Point of Contact Physiotherapy in Primary Care

From January 2017 a test of practice has been undertaken in each of the 3 Partnership areas across Ayrshire and Arran. Three physiotherapists were enlisted to work in GP practices across Ayrshire to:

- inform the design of a sustainable future model of care for MSK Services across the whole system; and
- demonstrate consequential efficiencies in GP capacity within those practices to inform the future model of primary care across Ayrshire.

In the first six months the Physiotherapists have managed the care of 3083 patients. For these patients, 74% were effectively managed with a self care plan from the physiotherapist without requirement for further referral or treatment. First point of contact rate is increasing each month with an average over the 6 months of 57.3%. This equates to almost 1800 GP appointments have been released for use with other patients. Just 1.56% required a further appointment to see a GP; therefore the service model has minimal impact on GP time. Early results from the pilot areas indicate a potential reduction in demand to core MSK of up to 20%.

Spreading the model across Ayrshire will ensure effective and efficient treatment for those with MSK conditions and free up GP capacity. Critical success factors have been identified which are essential in the spread and sustainability of this model and financial resources need to be identified to spread and sustain the model. The current Primary Care resourcing plan means that full funding may not be available until 2021, however, even if the model was fully financially supported there are challenges with recruitment to these and other Physiotherapy posts across Scotland. Ayrshire and Arran is one of the first NHS Boards in Scotland to begin rolling out this model at scale but recent attempts to recruit to up to nine first point of contact posts in Ayrshire and Arran have seen only four posts appointed to. The Associate Director for Allied Health Professionals is working with

his counterparts across Scotland and Universities to scope the extent of the problem and to plan and implement solutions.

6. Conclusion

There has been significant activity to redesign MSK Services resulting in reductions in demand for Orthopaedic services, improvements in surgical conversion rates, improved efficiency within the service and across the system with reduced duplication of activity, better use of capacity and streamlined pathways and processes. However, sustained and rising demand meant that for some time patients had significant difficulties accessing MSK Services.

Considerable improvements in access and performance have been achieved through team led improvement work. In order that these improvements are maintained it is important that staffing levels remain stable. The evolving models in primary care will help to ensure that only those who require MSK services will be referred and it is anticipated that the model may reduce demand for the core service by up to 20% thus contributing to the long term sustainability of the service. Further and ongoing work needs to be done to ensure that the MSK Service remains ahead of the demand curve.

An engagement event will be held in March 2018, including stakeholders from Primary Care, Emergency Departments, Orthopaedics and core MSK service. The event aims to take a whole system approach to ensure that services continue to adapt to evolving demands and make the most of emerging technologies and approaches.

7. Recommendation

The NHS Board are asked to:

- Note the progress made in improving access to the Musculoskeletal Service.
- Endorse the review of service during 2018.

Monitoring Form

Policy/Strategy Implications	The contents of this paper support the delivery of the Scottish Government's 20:20 Vision, Clinical Strategy and contribute locally to the delivery of Ambitious for Ayrshire and the Fast Forward Review.
Workforce Implications	There are significant workforce implications related to challenges in recruiting Physiotherapist both locally and Nationally.
Financial Implications	Some recurring funding has been identified from Primary Care Transformational Fund and core MSK Service, however this is not sufficient and the shortfall has not yet been met.
Consultation (including Professional Committees)	The AHP professional committee and trade unions have been kept informed throughout the period of recovery and improvement.
Risk Assessment	Not required
Best Value <ul style="list-style-type: none"> - Vision and leadership - Effective partnerships - Governance and accountability - Use of resources - Performance management 	The MSK Service is led and managed through the AHP Directorate which is hosted within South Ayrshire HSCP. The service is delivered pan-Ayrshire, across the whole system from primary care to acute.
Compliance with Corporate Objectives	The redesign of the MSK Service delivers against all 5 of the corporate objectives.
Single Outcome Agreement (SOA)	Not required
Impact Assessment Not completed	