

## Barnsley Community Based Musculoskeletal (MSK) Services Survey 2017 Engagement Report

### 1. Background

NHS Barnsley Clinical Commissioning Group (CCG) has the responsibility for the commissioning (planning and buying) of local healthcare services for the benefit of the people of Barnsley.

We are re-procuring a Community Musculoskeletal Clinical Triage, Assessment and Treatment Service in Barnsley and have recently undertaken an engagement phase between July and August 2017 with clinicians, partner organisations, patients and the public in order to inform the quality related elements of the new service specification and re-procurement process.

#### **What are musculoskeletal services?**

The term musculoskeletal (often referred to as MSK for short) includes over 200 different conditions affecting your joints, bones, muscles and soft tissues. This often includes things like back and neck pain, shoulder, elbow, wrist, knee, ankle or foot problems.

MSK covers individual services like:

- Physiotherapy
- Orthopaedics
- Rheumatology
- Chronic Pain

#### **Why are we re-procuring these services?**

NHS England has provided new guidance for the way people with an MSK condition are assessed and referred on for treatment.

During 2017/18 clinical commissioning groups must ensure that there is a service in place which provides people with an MSK condition with a clinical assessment first, before they are referred for further treatment. This ensures that patients are seen by the right person, first time and that GPs should refer you to this service.

NHS England has also said that referrals should be assessed in a timely manner. Good practice shows that services should be able to contact the patient within 48 hours to discuss the outcomes and offer choice, if a referral to a hospital consultant is required.

## **How do MSK services currently work in Barnsley?**

There is an assessment service in place, together with a range of treatment services, including community physiotherapy for example.

If we compare the services in Barnsley, with the national guidance, there are some differences to the way the current services operate:

- People are not always referred to the clinical assessment service first
- Sometimes people are referred directly to the physiotherapy team by their GP
- Sometimes people refer themselves directly to the physiotherapy team
- Not everyone is contacted within 48 hours.

## **What did we want to find out?**

We were keen to understand first-hand experiences and views on two parts of community based MSK services locally – how patients were first assessed and their onward referral for treatment.

We also conducted a dedicated stakeholder engagement exercise aimed primarily at clinicians (GP's, Physiotherapists etc.) who refer patients into MSK services to find out from them their views on which parts of the service work well from their perspective and where they could perhaps see room for improvement going forward.

This summary report details all of the collective feedback that we received as part of the above engagement exercise.

## **2. Acknowledgements**

We would like to take this opportunity to express our gratitude and to sincerely thank all of the individuals and organisations who have taken the time to share their extremely valuable views and feedback regarding their experiences of both accessing, using and referring into MSK services in Barnsley.

We would also like to thank South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) for their assistance in helping to develop the engagement resources.

We would also like to acknowledge the assistance received from our local partners working across health and care in Barnsley who provided their help in promoting the opportunity for local people to have their say.

### 3. Our engagement approach

We set out with the aim to carry out engagement activity that would;

- Obtain views and feedback from professionals, patients and carers from across Barnsley in relation to MSK services with our overall aim being that this feedback will directly help shape quality related aspects of the new service specification and future re-procurement of the Community Musculoskeletal Clinical Triage, Assessment and Treatment Service
- Act in accordance with the NHS Constitution and meet the statutory duty to engage in line with the Health and Social Care Act 2012 which introduced amendments to the NHS Act 2006 highlighting two specific legal duties which require CCGs and commissioners to enable:
  - 1) Patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission and
  - 2) The effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.

In order to help us to achieve the above, two separate surveys were designed and undertaken in order to obtain views from 1) local patients and carers and 2) clinicians on their experiences of accessing, using and referring into MSK services in Barnsley.

Input regarding the development of the surveys was sought and received from the current service provider of the community based MSK service in Barnsley, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT).

Information and links to both surveys were posted online on the ‘Get involved’ section of the NHS Barnsley CCG website ([www.barnsleyccg.nhs.uk](http://www.barnsleyccg.nhs.uk)) and also kindly circulated by local partners working across the health and social care economy. The patient and carer survey was also circulated, to members of the NHS Barnsley CCG Patient Council and to members of the OPEN (Our Public Engagement Network) Database. Paper copies were also available on request and respondents were also able to feedback over the telephone.

In addition to the above, we also held a joint informal patient, public and carer drop in session on Thursday 10<sup>th</sup> August between 2:30pm and 8pm at the Core, County Way, Barnsley in order to discuss this work and also similar work that is being undertaken (in relation to Diabetes and Pain Management) in further detail and gain additional feedback via the surveys. 13 people attended throughout the day.

Notification of the engagement phase and workshop was circulated to the local media and the opportunity for people to have their say was promoted on social media via the CCG Facebook and twitter pages on a regular basis throughout the engagement period.

## 4. Summary overview of the feedback received from the Patient and Carer Survey

Overall we received responses from a total of 46 people to the above survey by the closing date of 13<sup>th</sup> August.

A summary of the feedback we received can be found below. Please note that not everyone answered every question.

### **Q1) Please tick which option best describes you?**

I have used community based musculoskeletal services	40 (87%)
I am a carer for someone who has used these services	2 (4%)
Member of public (I haven't used these services)	0
Other (please provide details below)	4 (9%)

### **Q2) Musculoskeletal conditions affect the joints, bones, muscles and ligaments and also include rarer autoimmune diseases. We have grouped some examples of these together to help us understand more about the people who complete this survey.**

**Please tick the box which best describes why you needed specialist advice and treatment.**

Back and neck problems	13 (28%)
Chronic pain	3 (7%)
Joint problems (shoulder, elbow, hand & wrist, hip, knee, ankle & foot)	19 (41%)
Osteoarthritis	4 (9%)
Osteoporosis	0
Rheumatoid arthritis	2 (4%)
Other (please provide details below)	5 (11%)

### **Q3) Which of the following best describes where you were referred to first?**

GP referred me for an appointment with a community physiotherapist	14 (32%)
GP booked me a telephone appointment with a patient care advisor with the clinical assessment team	13 (30%)
I didn't see my GP; I called the MSK self-referral line to arrange an appointment with a community physiotherapist	7 (16%)
Does not apply	2 (4%)
Other (please provide details below) – cannot recall, various, referred myself, straight from A&E	8 (18%)

**Q4) When did you have your assessment?**

Within past 6 months	20 (44%)
Between 6 months and a year ago	8 (18%)
Over a year ago	14 (32%)
I'm not sure	0
I am waiting for an initial assessment	2 (4%)
Does not apply	1 (2%)

**Q5) How long has/did your treatment continue for?**

Up to one month	5 (11%)
Between one and six months	21 (47%)
Between six months and a year	5 (11%)
Over a year	6 (13%)
It hasn't started yet	4 (9%)
Does not apply	4 (9%)

**Q6) What would be your preferred way of contacting/being contacted to arrange a telephone assessment?**

By telephone	18 (41%)
By text	9 (20%)
By email	10 (23%)
By letter	1 (2%)
Book an agreed appointment slot when I'm with my GP	6 (14%)
Other (please provide details below)	0

**Q7) These next questions are about your experience of the assessment service. If you didn't receive this service then you may wish to skip to the next section, which focuses on the physiotherapy assessment and treatment services.**

**How long was it between your GP appointment and your FIRST assessment (call with patient care advisor)?**

Within 48 hours	2 (5%)
Between 48 hours and a week	5 (13%)
Over a week	7 (18%)
Over two weeks	6 (16%)
More than a month	6 (16%)
Does not apply	6 (16%)
I didn't use this service; I went straight to the physiotherapy team	6 (16%)

**Q8) How long did you wait between your assessment and either more tests, treatment or referral on to a hospital consultant?**

Less than one week	4 (17%)
Two to three weeks	6 (25%)
One to two months	4 (17%)
Three to four months	6 (25%)
Six months plus	3 (12%)
I can't remember	1 (2%)
Never been seen	1 (2%)

**Q9) Thinking about your experience with the MSK assessment service (where you book a telephone call).**

Please tell us what aspects of that service you liked or worked well.

Themes of the responses included the following;

- None x 1
- Late appointments after work x 1
- Staff attitude/ professionalism/ care x 12
- Continuation of care – seeing the same professional each time x 3
- Access to Hydrotherapy Treatment
- Prompt advice/ help from specialist (physio) x 4
- Service good when I eventually got access to it x 2
- Person centred care x 4
- All of it/ excellent service x 3

**Q10) Please tell us what you didn't like or what could work better?**

Themes of the responses included the following;

- Communication - Triage and Assessment process not explained – 'wasn't aware what was happening' x 6
- Having to go back to the start of the process for further help when already been through the system x 1
- Lack of patient choice x 3
- Staff attitude x 2
- Access - Phone system/ answerphone x 5
- Waiting times (both initial for assessment and also between assessment and appointment) x 7
- Everything – 'None of the service has worked well for me' x 2
- Communication/ Access - Lack of face to face contact/ appointment x 3
- Nothing x 5
- Lack of accessibility - Disabled changing room x 1

**Q11) What improvements would you make to the MSK assessment service?**

Themes of the responses included the following;

- Face to face appointments x 2
- Staff training in primary care to understand process x 2
- More access/ availability to appointments e.g. shorter waiting times, later appointments after work etc. x 6
- Better communication between services and with patients about process and what they can expect 'manage expectations better' x 3
- Video consult with physio x 1
- Resources, staffing – 'More administrative staff on phone line' and 'More Physios' x 3
- Nothing x 4

**Q12) The following questions are about the community based MSK physiotherapy assessment and treatment service.**

Please consider things like location, time, frequency and ease of access to your appointments, or how involved you felt in any decisions made about your care, for example when responding

**How long was it between your GP appointment (or calling self-referral line) and your FIRST assessment/treatment with physiotherapy team?**

Within 48 hours	3 (7%)
Between 48 hours and a week	1 (2%)
Over a week	6 (14%)
Over two weeks	8 (18%)
More than a month	15 (34%)
Does not apply	11 (25%)

**Q13) Thinking about your experience of the MSK physiotherapy assessment and treatment service, what worked well?**

Themes of the responses included the following;

- Clear advice x 6
- Location - close to home x 6
- Staff – professional/ helpful/ caring/ personalised care x 8
- Efficient service x 3
- Patient choice of location x 4
- Continuation of care – same clinician x 5
- Nothing x 2
- Access to both face to face advice and also over the phone x 5

**Q14) Thinking about your experience of the MSK physiotherapy assessment and treatment service, what you didn't like or could work better?**

Themes of the responses included the following;

- Difficult to access service/ phone line x 3
- Clear advice/ diagnosis x 5
- Staff attitude x 5
- Waiting times (both for initial and between appointments) x 8
- Access to right advice x 3
- Communication/ more support x 5
- More local service x 2
- Longer appointments x 3
- Access to both face to face advice and also over the phone x 4
- Disparity across local services between Sheffield, Rotherham and Barnsley x 1
- Nothing – 'No complaints' x 5
- Privacy (Patients only separated by a curtain) x 1
- More hands on treatment rather than advice x 4

**Q15) What improvements would you like to make to this service?**

Themes of the responses included the following;

- Improve access/ problems with phone line x 3
- Staff attitude x 3
- More staff/ appointments x 3
- Waiting times (both for initial and between appointments) x 8
- Consistency - Access to right advice/ same staff x 4
- More patient input into treatment plan/ personalised care x 3
- Communication/ more support x 5
- More local service x 4
- Longer appointments x 3
- Access to both face to face advice and also over the phone x 5
- Nothing – 'No complaints' x 5
- More hands on treatment rather than advice x 5
- Keep it in the NHS x 2
- Access to hydrotherapy x 2

**Q16) How can the community based MSK treatment team help you to manage your own condition?**

Themes of the responses included the following;

- More support- helpline / advice for day to day/ leaflets/ exercise films/ tools to self-manage – sound doctor etc. x 10
- Support Group x 3
- Access to the right exercises x 4
- Personalised care plan x 4
- Pool session for hydrotherapy x 2
- Longer physio sessions/ classes x 2
- Continuity of care - Regular reviews with same clinician where possible x 2
- Referral to surgery where required x 2
- Access to timely support/ appointments x 3

**Q17) What do you think an individual's role is in managing their own condition?**

- Keep active where possible/ Follow advice given regarding exercises/ diet etc. x 30
- Seek the right help/ advice/ take responsibility to learn about own condition x 20
- Work in partnership with professionals in managing own care x 15

**Q18) Is there anything else that you would like to add?**

- I'm really happy with the service I receive x 5
- Really friendly and helpful staff x 10
- Keep this a Barnsley led service x 3
- Improve staff attitude x 2
- Manage expectations – agree treatment plans with patients not for them x 3

**Q19) Did we provide enough information for you to be able to comment on the questions we asked?**

Yes	33 (79%)
No	3 (7%)
Don't know	6 (14%)

**Q20) Where did you find out about this survey?**

Facebook / Twitter	21 (47%)
Email / Website	8 (18%)
SWYFT MSK Service/ Hydrotherapy	11 (24%)
CCG Patient Council	5 (11%)

**Receiving Feedback**

16 x people provided contact details to be kept updated

## Equality Monitoring Section

<b>Age</b>	
Under 18	2 (4%)
25 - 34	4 (8%)
35 - 44	7 (15%)
45 - 54	18 (40%)
55 - 64	10 (22%)
65 - 74	3 (7%)
Prefer not to say	2 (4%)

  

<b>Postcode Areas</b>	
LS12, S36, S62, S70, S71, S72, S73, S74, S75	

  

<b>Gender</b>	
Male	10 (22%)
Female	34 (74%)
Prefer not to say	2 (4%)

  

<b>Transgender - Do you live and work permanently in a gender other than the one you were born into?</b>	
Yes	3 (7%)
No	40 (86%)
Prefer not to say	3 (7%)

  

<b>Ethnicity</b>	
White (UK)	44 (96%)
Prefer not to say	2 (4%)

  

<b>Sexual Orientation</b>	
Heterosexual	43 (93%)
Prefer not to say	3 (7%)

  

<b>Religion</b>	
Christian	11 (24%)
No religion	30 (66%)
Agnostic	1 (2%)
Prefer not to say	4 (8%)

<b>Disability</b>	
I do not have a disability	18 (40%)
Mental Health Condition	10 (22%)
Physical Impairment	7 (15%)
Cognitive Impairment	1 (2%)
Long Standing Illness	7 (15%)
Speech Impairment	1 (2%)
Prefer not to say	2 (4%)

<b>Carer</b>	
Yes	12 (27%)
No	27 (60%)
Prefer not to say	6 (13%)

## 5. Summary overview of the feedback received from the Stakeholder Survey

Overall we received responses from a total of 13 people to the above survey by the closing date of 13<sup>th</sup> August.

A summary of the feedback received can be found below. Please note that not everyone answered every question.

<b>Q1) What is your role?</b>	
Consultant	1 (8%)
GP's	7 (53%)
Patient Care Advisor	1 (8%)
Physiotherapists	3 (23%)
Advanced Nurse Practitioner	1 (8%)

### **Q2) in your experience of the MSK Clinical Assessment Service - What works well and why?**

Themes of the responses included the following;

- Not sure x 1
- Lack of administration x 1
- Late appointments after work x 1
- Staff attitude/ professionalism/ care x 2
- Continuation of care – seeing the same professional each time x 3
- Access to Hydrotherapy Treatment
- Prompt advice/ help from specialist (physio) x 4
- Service good when patients eventually got access to it x 2

- Person centred care x 4
- All of it/ excellent service x 3
- Avoidance of unnecessary operations and onward referrals x 2
- Referral process straightforward and timely/ single point of access x 2
- Patient choice of time, date and venue x 2
- Equality of access under same guidelines and criteria x 2
- Communication between different services x 2
- Range of services available for patients x 3

### **Q3) Again in your experience of the MSK Clinical Assessment Service - What could work better?**

Themes of the responses included the following;

- Communication - 'wasn't aware what was happening or what we need to do' – duplication of effort x 6
- Lack of patient choice x 3
- Staff attitude x 2
- Access - Phone system/ answerphone/ lack of appointments for patients x 5
- Waiting times (both initial for assessment and also between assessment and appointment) x 7
- Nothing x 1
- Lack of right information for patients from referrers x 2
- Lack of staff/ capacity x 4

### **Q4) What improvements would you make in relation to the MSK Clinical Assessment Service?**

Themes of the responses included the following;

- Improve communication between services and with patients x 4
- Improve some staff attitudes x 3
- Access - Phone system/ 'lose the answerphone put a person on the line' / more appointments for patients x 5
- Improve waiting times (both initial for assessment and also between assessment and appointment) x 5
- Have correct and enough information about patient needs from referrers for appropriate triage x 4
- More staff/ capacity x 4
- Ensure service is flexible to respond to individual patient need x 2
- Direct access to MRI for GPs x 3
- Patient choice of venue for appointments x 2
- More training for GP staff in relation to process/ system to allow them to access this properly x 4
- Less and more simplified referral documentation x 2

### **Q5) In your experience of the Community Physiotherapy Assessment and Treatment Service - What works well and why?**

Themes of the responses included the following;

- Clear advice and referral process x 2
- Staff – professional/ helpful/ tailored care for patients x 3
- Efficient service x 3
- Patient choice of location x 4
- Nothing once patients get there x 2
- Access to both face to face advice and also over the phone x 2
- Patient feedback is positive x 2
- Referral across services once in system straight forward x 3

### **Q6) Again in your experience of the Community Physio Assessment and Treatment Service- What could work better?**

Themes of the responses included the following;

- Access to late appointments/ weekends x 2
- Referral process x 2
- Better to hold clinics at GP practices where possible x 2
- Improved waiting times for treatment x 5
- Improved communication between services x 5
- Nothing x 2
- Access to both face to face advice and also over the phone tailored to patient needs x 5
- Hub working – regular contact x 1
- Range of services that are commissioned – need to be able to react to patient need x 2
- Quick assessment and triage x 2

### **Q7) What improvements would you make in relation to the Community Physiotherapy Assessment and Treatment Service?**

Themes of the responses included the following;

- Improve access/ problems with phone line/ later and weekend appointments x 3
- Direct access to MRI's x 2
- More resources - staff both admin and physios/ appointments/ type of treatments and facilities for specialist treatment e.g. hydrotherapy x 3
- Waiting times (both for initial and between appointments) x 4
- Consistency - Access to right advice/ same staff x 4
- Communication – good website/ improve information for patients and referrers x 3
- Keep a local service x 4
- Access to both face to face advice and also over the phone x 5
- Nothing – ‘No complaints’ x 5
- More hands on treatment rather than advice x 5

## **Q8) How can MSK services support patients to manage their own MSK related condition?**

Themes of the responses included the following;

- Improve access/ problems with phone line/ later and weekend appointments x 3
- Direct access to right services and drop in's x 2
- Improve waiting times (both for initial and between appointments) x 4
- Consistency - Access to right advice/ same staff x 4
- Communication – provide good information for patients and referrers/ good website with access to download patient information for self-management x 3
- Communication – agreed realistic treatment plan with patients x 2
- Keep a local service x 4
- Access to both face to face advice and also over the phone x 5
- Nothing – ‘No complaints’ x 5
- MSK support non-medical prescribing and links to other services e.g. dieticians to help with weight related MSK problems and educating regarding exercise and lifestyle choices x 4
- Patient education – consider drop in sessions? X 1

## **Q9) What role can the patient play in managing their own MSK related condition?**

Themes of the responses included the following;

- Perhaps a diary/chart they should fill to plot exercises done and improvements seen – weight loss and exercise x 3
- Patience/ responsibility for their own health and self-management where appropriate x 4
- Engage with services regarding their own treatment and care planning x 3

## **Q10) Is there anything else you'd like to add about health and management and improvement?**

Themes of the responses included the following;

- More campaigns regarding self- management/ individual patient responsibility for their health and raising awareness of MSK conditions x 4
- Access for GPs to correct systems for referrals x 2
- Invest in Therapy - Physiotherapy is highly underused for many conditions. It can help a whole host of problems and reduce prescribing costs x 3

## **Q11) Any additional comments**

Themes of the responses included the following;

- Need to make sure that services are responsive to meeting patient needs and numbers with timely assessment and treatment designed to intervene as early as possible x 4

- Preferably needs to be easy for primary Care professionals to access -and not be limited to just GPs. Perhaps IHEART, A&E etc. can access reducing duplication of effort x 2
- The MSK service seems to be staffed by very nice people but it has failed to improve the old system and merely duplicates the GP's job x 2
- NICE Guidelines are guidelines rather than instructions. If commissioners remove all options for things that help patients to manage long term pain conditions, then there will be nothing left to treat patients with x 2
- Good pain management has a variety of factors. It is responsive to patients. Not all patients are the same x 4

## 6. Summary of the key themes from the collective feedback we have received

The key themes taken from this engagement are as follows:

- The feedback received during this engagement activity confirmed that the current service is valued and appreciated by many of the patients, carers and clinicians who have direct experience/ knowledge of the service (and who responded to the survey) and the following elements were particularly praised;
  - ✓ Patient choice
  - ✓ Patient centred and tailored care
  - ✓ Professionalism and knowledge of the staff working in the current services
  - ✓ Clear advice and information for patients
  - ✓ Continuity of care
- However there were also suggestions highlighted where improvements could be made mainly in relation to the following areas;
  - ✗ Access to timely assessment treatment and appointments,
  - ✗ Communication with patients and between services
  - ✗ Waiting times
  - ✗ Referral processes and correct information
  - ✗ Wider range of services and appointments 'out of normal working hours'
  - ✗ Support for patients and professionals
- The majority of the respondents to the patient and carer survey were female (over 70%) and between the ages of 45 and 64 (62%).
- 3 (7%) of the respondents identified themselves to be Transgender

- Over 90% of respondents stated their ethnicity as White British and their sexuality as Heterosexual.
- Over 25% of respondents identified themselves to be an unpaid Carer for a friend or family member.

## 7. Next Steps

This engagement process has provided a brief snapshot of the views and experiences from a number of patients, carers, clinicians and other stakeholders regarding MSK services locally.

The next stage is for all of the feedback received as part of this process to be fed back to senior commissioning leads within the CCG to aid the development of the final service specification used for the re-procurement of the Community Musculoskeletal Clinical Triage, Assessment and Treatment Service

The collective feedback that we have gained as a result of this engagement will help us understand more about how MSK assessment and treatment services work now - what respondents think works well and what doesn't in relation to the those points we described in the introduction to this report.

We will share the themes from the feedback with the organisations wishing to bid for this service, in order to find a provider best placed to meet the needs of Barnsley people and in line with the national guidance. We will also use this information to develop quality standards. This will only be done in ways that ensure that no individuals can be identified.

As a direct result of the above engagement we have already recruited three patient representatives to be involved in the procurement panel for the re-procurement of the Community Musculoskeletal Clinical Triage, Assessment and Treatment Service in Barnsley. Their role will be to help to set the relevant questions for potential bidders of this service relating specifically to accessibility and patient involvement and they will also help to score these questions in order to help determine the successful bidder to provide these services going forward.

The content from this report will be made publically available and feedback provided to those respondents who have requested it.

A further report will be compiled within the next few months in order to highlight how the feedback gained as part of the engagement process has shaped the specification and outcome of the re-procurement of the community based MSK assessment and triage service.

Again we would like to reiterate our thanks to all respondents who have given their time to share their views to help inform this process and to all partners who have helped us to gain their feedback.

V2 – 13/09/17