NHS Lanarkshire

Physiotherapy MSK Review

May 2019

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Contents

1 Introduction

The Scottish Government has set a target for the NHS in Scotland that from 1st April 2016, the maximum wait for AHP MSK Services from referral to first clinical out-patient appointment will be 4 weeks (for 90% of patients). A local target of 90% of people seen within 12 weeks was adopted for the NHS Lanarkshire (NHSL) MSK Physiotherapy service.

Performance against the 12 week target has deteriorated and in view of this the Capacity Planning and Waiting Times Board requested that a review of the service was undertaken with the objectives of:

- Identify the main factors which may be contributing to performance not being achieved.
- Understanding the areas which can be improved.
- Providing assurances that all relevant aspects of the Physio MSK pathway have been explored and, where applicable, comply with national guidance.

2 Approach

Waiting Times management and performance is complex and multifactorial, in simple terms it can be distilled down into four broad categories demand, capacity, activity and queue. Within each category there are multiple elements which can affect performance.

However keeping the needs of the individual, their family and carer at the centre of any changes and improvements must be at the foremost of any discussions, with service and practitioner considerations focused on this. 'All services need to be safe, effective and person centred' (The Scottish Government, 2012)

It is acknowledged that the Service has taken steps to improve performance. Those actions have been highlighted in the SL H&SCP monthly Access reports which are reviewed by the NHSL Board and NHSL PPRC. Some of the actions are mentioned in this report and it is recognised that some not mentioned are associate with some of the longer term recommendations.

2.1 Methodology

A plan of data and evidence sources and range of approaches was identified to inform a 'whole system approach' to identify factors which contributed to performance including:

i) Review of National published data sets to provide comparison with other Scottish Health Boards. Local unvalidated data was used for service analysis.

ii) Review of service data: analysis of demand, capacity and waiting times data extracted from the NHSL Planned Care dashboard.

iii) Stakeholder evidence and involvement: including site visits with colleagues within NHSL and other health boards, interviews with stakeholders NHSL and non NHSL, workshop to review the referral pathway, informal discussion of initial findings with stakeholders

iv) Review of key policies, guidance notes and research evidence.

Recommendations are based on: analysis of in-house data, improvement solutions within other NHSL services and Physio MSK Services in other Scottish HB areas, national guidance, professional guidance and peer reviewed evidence. In general, the recommendations can be separated into more immediate short term, and longer term which will require service redesign with associated culture change for the patient, practitioner and wider NHSL.

2.2 Additional Report Content and Data Validation

Tracey Milne, Stuart Wallace and Stephen Fitzpatrick, NHSL Information Management, have provided additional information and assurances regarding accuracy of data highlighted in the report.

Peter McCrossan, Director of AHP Services was consulted to ensure that changes suggested are aligned with the overarching strategy for AHPs across Lanarkshire.

Helen Alexander, Alan Sinclair and Hazel Towers, Evaluation Team provided evaluation expertise.

3 Benchmarking

Most recent ISD Nationally published data for quarter end December 2018 based on total demand shows that health boards in Scotland:

- Are not able to meet the 4 week target
- The majority are unable to see 90% of patients within 12 weeks. Shetland and Western Isles have achieved 90% of people seen in less than 12 weeks.

At quarter end December 2018 NHSL Physiotherapy MSK Service:

- Has lower referral rates than most health boards, only Borders and Tayside have lower rates.

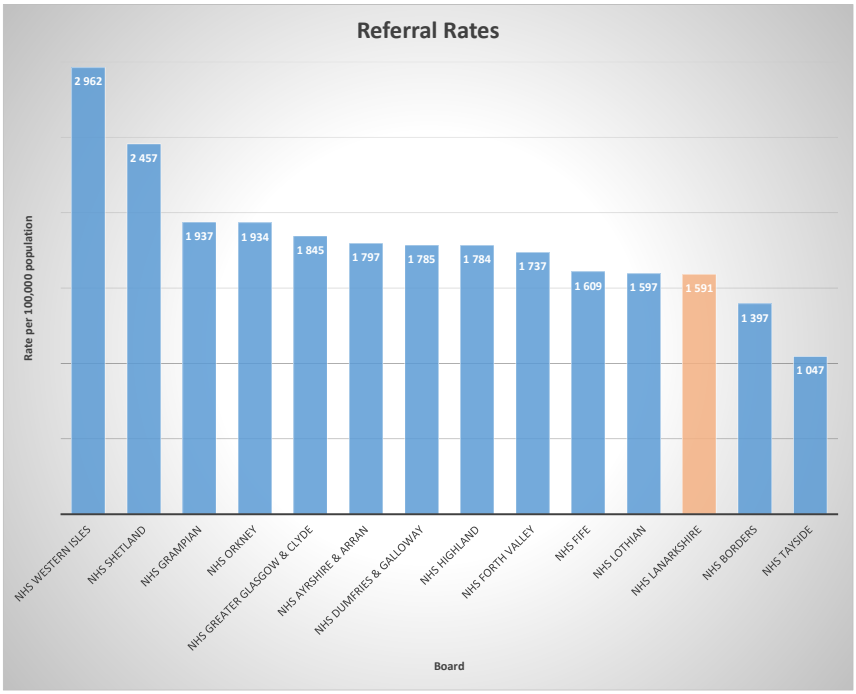


Figure 1: Health Board Referrals rates. Quarter end Dec 2018

- For those people across NHSL who are waiting for their first clinical outpatient appointment 90% are seen within 18 weeks a decline in performance of two weeks, although still performing well when compared to other health board areas.

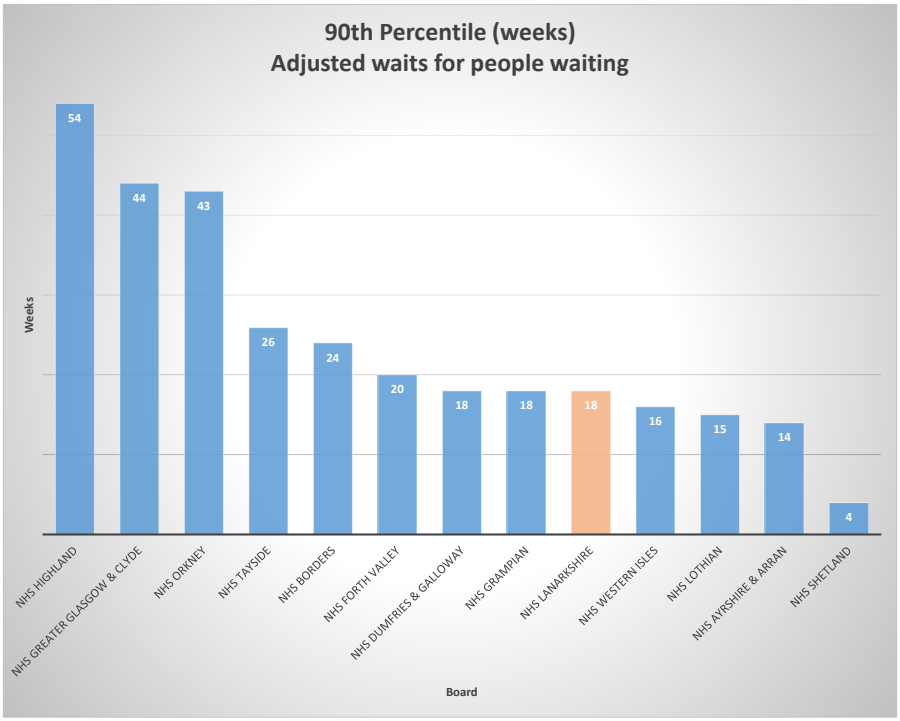


Figure 2: 90th Percentile (wks) Waits

- Median waits for patients who have been 'seen' reduced by two weeks compared to quarter end December 2017 and was unchanged at eight weeks for ongoing waits.

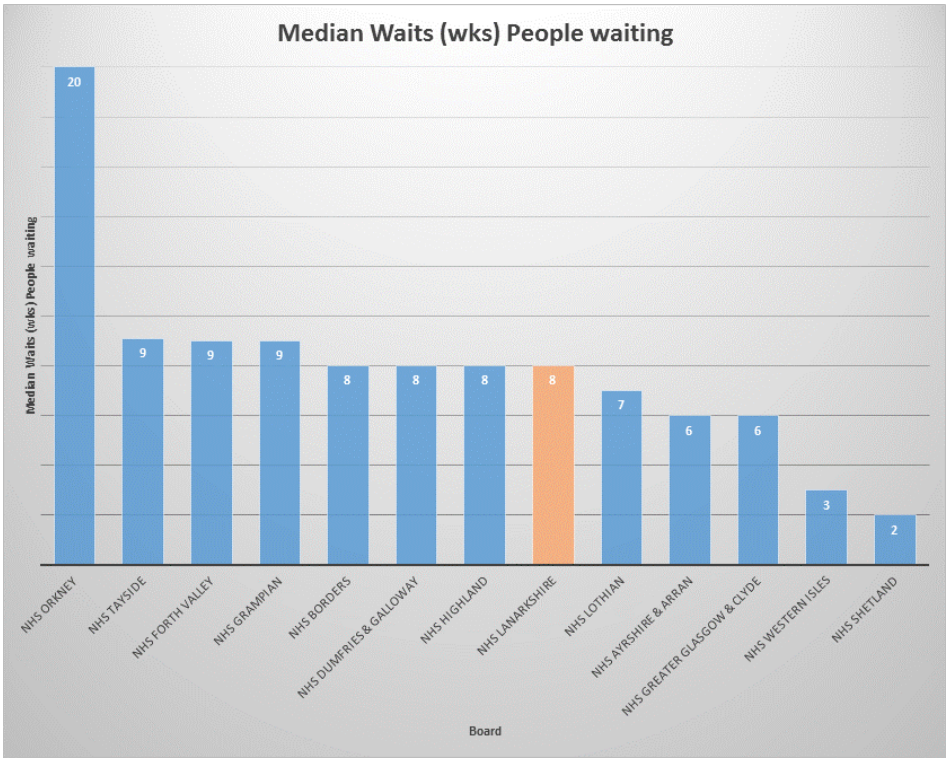


Figure 3: 90th Percentile (weeks). People waiting

- Lanarkshire's DNA rate has reduced by 1.1% quarter end December 2018 compared with the same quarter 2017. However the Board has the second highest DNA rate of the 14 health board areas who submitted this data.

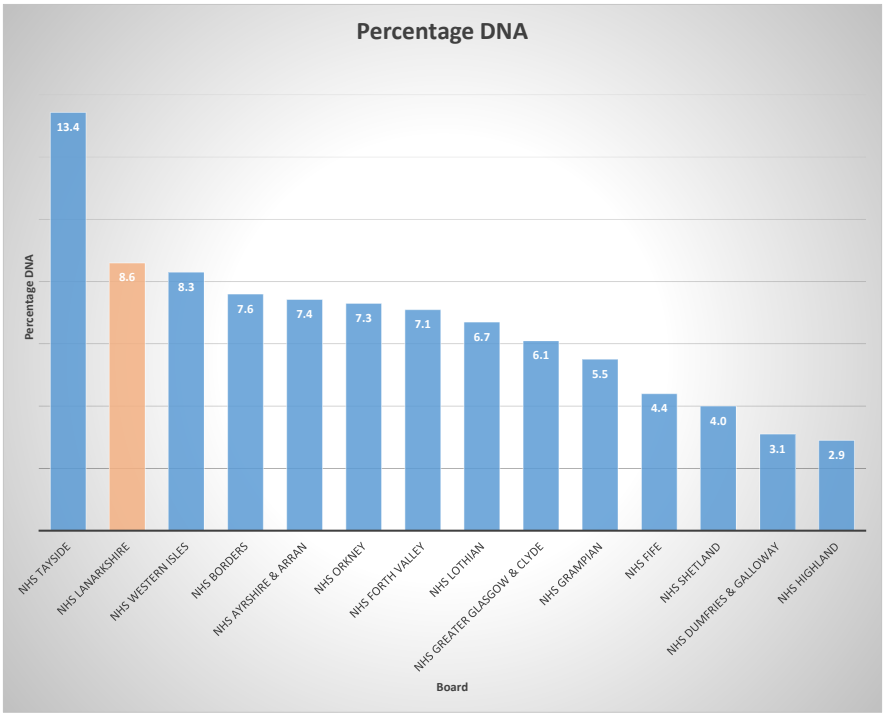


Figure 4: Percentage Did Not Attends. Quarter end December 2018

Key Points:

Q2 2018/19 against Q2 2017/18:

- Rate of referrals second lowest across nine health boards
- Percentage DNAs second highest across

4 Reducing Demand

This section will review referral sources and suggest where changes might be made to improve the patient journey, particularly improve the timescales for patients receiving support.

4.1 Referral Source

The majority of referrals received by Lanarkshire MSK Physiotherapy service are:

- self-referred via Musculoskeletal Advice and Triage Service (MATS) - GP signposted.
- referred by the persons GP
- orthopaedic referrals

During 2018 the service received 37,788 referrals of which 29% were through MATS, 32% from GPs and Orthopaedics referred 36%.

Total Demand is the initial total number of referrals received, true demand are referrals which lead to activity. In the main the variance between the two is as a result of people who have opted out or have been removed from the list.

There is a lag with this data as people either respond to the HUB letter or are removed from the list. Figure 5 shows original total demand against the true demand following changes to the waiting list.

The variance of 30% illustrates some of the administrative workload for the Physio MSK HUB.

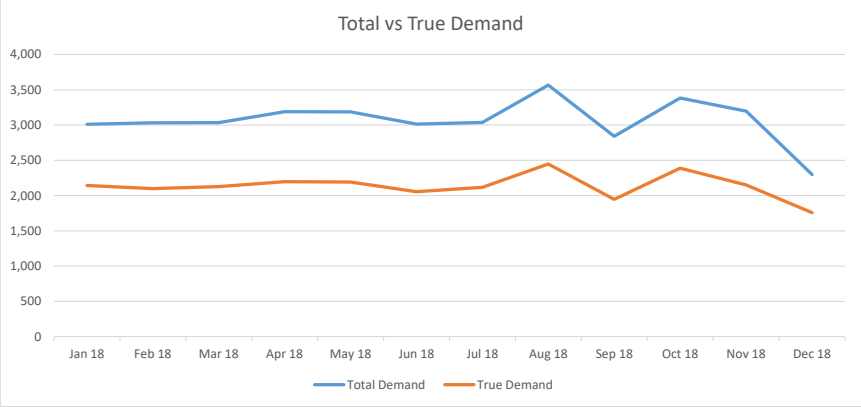
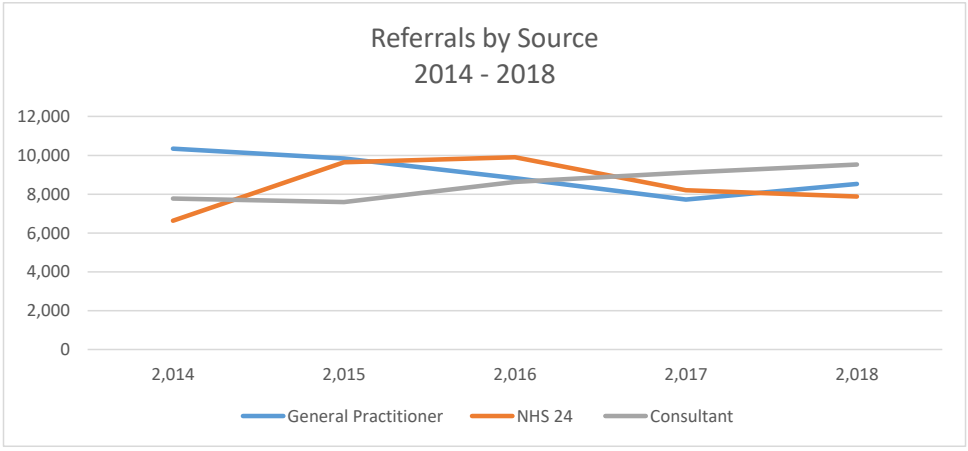


Figure 5: Total vs True Demand

In general, over the period from 2015 – 2018 the percentage and numbers of referrals received from **orthopaedic** consultants has **increased** year on year. **MATS** referrals have **reduced** along with **GP** referrals



Source: Milan Planned Care Dashboard, OP True Demand, MSK Physio

4.1.1 Referrals through MATS (NHS 24)

Lanarkshire **residents** with MSK problems can **access advice** through the **MATS** helpline, which is available across most HB areas. The **majority** of people are **signposted** to this service **by** their **GP**. MATS is managed by NHS 24 with advice and **triage** provided by **trained call operators**. The caller is asked a series of questions and based on their response are, in the main, **triaged** to either **self-management** or the **NHSL** MSK Physiotherapy **Service**.

In 2018 **Lanarkshire** had the **second highest rate** of callers to the NHS 24 service of the nine Boards participating. The number of Lanarkshire residents calling NHS 24 MSK line totalled 18,614 with 63% (11,725) signposted to the service by their GP, 6% had used the service before **16%** were **classified** as '**Other'**.

There are eight outcomes recorded against each call. Of the initial 18,614 calls 13,846 had an outcome of either SMA – referral to MSK services (referred to NHSL MSK service) or Self-Management. On average **13%** of calls were **redirected** to **self-management**.

Reducing Demand - MATS

During the **original negotiations** with NHS24 it was suggested to NHSL could **expect** roughly **30%** of people **redirected** to **self-management**. At **13% NHSL** and Ayrshire & Arran self-management referral **rates** are **lowest** of **all HB** receiving this service.

Redirection rates for **Grampian** are **highest** at **19%**. If this rate had been achieved for Lanarkshire residents then **970 fewer** people would have been **referred** to **the service** during 2018 and if the suggested **30%** redirection rate had been **achieved** this would have resulted in **3017** fewer referrals to the service with increased **self-management**.

Anecdotally the reason given for this **low rate** is **Lanarkshire residents' persistence** in pursuing their preference for referral to the MSK service. Again, anecdotally it was felt that the **experience** of the **person answering** the call may be one factor affecting increased referral rates to the MSK service – a MATS call operators may be more **risk averse** than an experienced physiotherapist and thus more likely to refer to the MSK service. However experiences of NHSL and NHS A&A suggest higher referrals to self-management are achieved when experienced physiotherapists triage and assess.

NHSL Service should explore the possible reasons for the low percentage of Lanarkshire residents who are directed to self-management MATS service.

In addition the Service may want to **consider** testing **re-triaging** patients referred by **MATS** to the MSK Service using experienced physiotherapists. Re-triaging has been **tested** in another NHSL service, which **resulted** in a **reduction** in demand**.**

Just over 11,725 (60%) of Lanarkshire residents calling the MATS service were signposted by their GP and it is **encouraging** that the **rate of referrals** to the service are **second highest** of HBs participating. However had **more** Lanarkshire **residents** been **aware** of the service a proportion may have **self-referred rather** than **contacting** their **GP**, which would have **reduced** a proportion of the **11,725 GP contacts**. Currently **1%** of people who have **accessed** the service did so **because** they '**Saw a Poster'** or '**Picked up card** with details'

4.1.2 Orthopaedic Referrals

This type of referral has steadily **increased**, **25%** over the period 2015 – 2018. One Scottish health board has worked to reduce the number of orthopaedic referrals, believing that not all orthopaedic patients require Physio MSK support. Although Fife's pathway differs from NHSL, NHSL triage patients prior to onward referral, their experience is similar to Lanarkshire in the higher levels of DNA.

"… many patients do not want or do not perceive that physiotherapy will benefit them or physiotherapy has not worked in the past so do not attend. It is important therefore that referral processes respect shared decision making between patients and referrers"

Consultant Physiotherapist Fife H&SCP/NHS Fife

Many Orthopaedic referrals are treated as 'urgent'. Urgent referrals are given priority for appointments by NHSL MSK service, appointed within 2 weeks. This high DNA rate has the effect of reducing clinic capacity for routine appointments. The NHSL **DNA rate** for new **urgent** appointments January to December 2018 was **13**% - **974** appointments. This was nearly **double** the DNA **rate** for **routine** appointments. **Clinicians** were more likely to **reappoint** this type of referral, on **average 35**% of patients against 13% of routine appointments.

MSK Service is considering introducing an opt in approach for urgent referrals in order to reduce the DNA rate. In addition actions outlined elsewhere in this report should reduce DNA rates for example, personal outcomes approach, Telehealth solutions.

4.1.3 GP Referrals

Of the 12, 857 GP referrals to the MSK Service 8,361 led to appointments. Roughly 30% of all referrals do not result in activity (patients opt out or are removed from the waiting list). There are two reasons which are given for this: the problem resolves before the appointment has been made, the person seeks support from the private sector.

One HB area visited is **transparent** about their **waiting times** and **regularly communicates** waiting times to **GPs**. GPs in turn are able to inform patients at the time of appointment and discuss with them interim treatment plans and any viable alternatives, where appropriate, this may include self-management.

4.1.3.1 Support for GPs to Reduce Demand

GPs and other Healthcare professionals **can access** the Scotland wide 'MSK Solutions'[1] **website** which provides a framework and **interactive advice** for assessing, treating and providing self-management advice to patients on all aspects of MSK problems. MSK Solutions **requires** a **username** and **password**, GPs and MSK leads believe that this is **impairing** GP **usage**. Some HBs have developed their own versions of the national tool which has increased the levels of access by GPs. **Access** to immediate **diagnostic** and **treatment advice** may **reduce** the number of **referrals** made into the Service.

4.1.3.2 Advanced Practitioners in GP Practices

The GMS contract 2018/19 highlights musculoskeletal focused physiotherapy services as an example of additional professional roles which will be based in General Practice. Six GP practices are undertaking tests of change using Advanced Practice Physiotherapists (APP) within Lanarkshire surgeries to understand future pathways of care.

APPs in the Lanarkshire tests are **experienced** members of staff who currently work part time within **practice and** the remaining time in the MSK **Service**.

Flash reports covering the first six months have shown the percentage of patients with an outcome of '**Self-Management' or 'Self-Management with discharge'** as nearly **62%** overall, (NHS24 service achieves an average of 13%, pilots in NHSL and other HBs achieve roughly 25%). Other HBs are experiencing similar outcomes.

[1] (MSK Solutions, 2009)

The results of the pilots are positive however the evaluation and any future developments need to be assessed in the wider National context including moves towards increased self-management and self-referral.

Reducing Demand – GPs

The current test of APP first assessors in GP practices has **physiotherapists dividing** their time between **GP** practices and the **Service**. One **risk** being discussed is the loss to the Service of the most **experienced** physiotherapists' expertise as they are embedded in GP practices. With one interviewee expressing **concerns** around long term **sustainability** of the approach.

In addition to the changes outlined above **APPs** taking part in the test gather data and outcomes on **local spreadsheets**, this **activity** is **not recorded** on the **Trakcare** system and therefore not available through the Planned Care or Tolero dashboards developed and maintained by NHSL Information Management. It may be the case that local spreadsheets have been used as part of the initial test of change however the Service should have a **timescale** for **moving** to **recording** on **Trakcare** which would allow the monitoring of individual and Service performance.

Wider advertising of the MATS service through a Pan Lanarkshire communications campaign has the potential to reduce the numbers of people accessing self-management advice through their GP/APP and would reduce the numbers of referrals to the MSK Service.

4.2 Reducing Demand - Self-Management

There are a number of drivers for change in relation to self-management, Outcome 1 of the **National Health and Wellbeing Outcomes** sets out the aspiration that 'People are able to look after and improve their own health and wellbeing and live in good health for longer.' (The Scottish Government, 2015)

In 2012 the **National Delivery Plan** for the **Allied Health Professions** in Scotland vision for AHP services outlined the position relating to the development of self-management support:

> *Scotland's AHPs are already working at the leading edge of a paradigmatic shift in the public sector towards enablement and personalisation, promoting an asset-based approach, self-management, resilience and independent living and preventing over-reliance on hospitals and professional intervention.* (The Scottish Government, 2012)

Given the rise in numbers of people seeking help for MSK conditions and increased workload the Physiotherapy **MSK service** has been **exploring** methods for **stratifying patients** into those who can be supported to self-manage and those who would benefit from more intensive input from the Service.

Currently there are opportunities for Lanarkshire **residents** to **access advice** and **exercises** to allow them to **self-manage without attending** the **Lanarkshire Service**, this is through the NHS 24 MATS service with details on NHS Inform webpages. Self-management web pages can be accessed directly or through NHSL website.

Self-Management Supports

In addition to MATS some health boards have developed their own self-management **websites** with **exercises and advice**. Some non NHS resources on the internet take this approach further and offer **self-diagnosis tests** which the general public can carry out, the pages link to relevant exercises and lifestyle tips meeting individual needs.

Whilst it would take time to develop the Physiotherapy MSK webpage further mapping current resources available to patients could identify any gaps including **redirection** and **signposting** to resources in the **third** sector and **Leisure** sector. **More** people **self-managing reduces** numbers **referred** to the **Service**.

It is acknowledged that the public are accustomed to seeking **help** and **advice** from **GPs** and **healthcare providers** and **moving** towards self-management will involve **culture** change. However this will ultimately result in less reliance on professionals and greater responsibility for the individual's own health and wellbeing. In turn the **Service** could **reallocate resources** to those who are more **complex** and unable to fully self-manage.

4.3 Reducing Demand - Self-Referral

Self-referral is an approach encouraged by NHS Scotland and Chartered Society of Physiotherapists (CSP) strategy. The National Delivery plan for AHPs states "self-referral to all therapeutic AHP services (not diagnostic) as the primary route of access".[2]

A survey undertaken by the CSP found that **88%** of **patients** would **prefer** to **self-refer** to a physiotherapy service rather than through their GP and that self-referral '**does not lead to an increase in activity**.'[3] **Although** the need to **triage** inappropriate referrals is seen as **paramount**.

On average slightly more than **30%** of **people** who were **referred** to the Service either **opted out or** were **removed** from the waiting list. The **variance** of 30% **illustrates** some of the **administrative workload** for the Physio MSK HUB.

Self-Referral would **reduce** the **number** of **referrals** received and **associated** administrative **workload**.

4.3.1 Self-Referral with Telephone Triage

Research aimed at assessing the clinical and cost effectiveness of a telephone assessment and advice services for physiotherapy demonstrated that **telephoning** a **senior physiotherapist** for initial assessment and advice is "**equally as effective as usual care** based on a waiting list for face to face treatment". The service **provided faster access** to assessment and advice.[4]

More recently Mallett et al. [5] conclude that 'The **medically initiated management** of MSK conditions **leads** to **congested** NHS physiotherapy **waiting lists** comprising patient who are not seeking physiotherapeutic interventions.' **Self-referral improves outcomes**, **reduces** levels of **non-attendance** and greater proportion of **people complete treatment** plans[6]

NHSL undertook a pilot whereby physiotherapists manned phones and triaged patients as suitable for self-management or requiring face to face support. This resulted in a 25% reduction in referrals to the service for patients in the pilot.

A similar pilot undertaken more recently within Ayrshire and Arran of patients with knee pain resulted in a reduction of 25% in referrals to the MSK service. Patients were directed by their GP to a Health Board webpage with comprehensive self-management videos and advise.

[2] (The Scottish Government, 2012)
[3] (Chartered Society of Physiotherapy, 2019)
[4] (Salisbury, et al., 2013)
[5] (Mallett, Bakker, & Burton, 2014)
[6] (Holdsworth, Sevster, & McFadyen, 2007)

NHS Scotland working paper 'Rapid Access to AHP MSK Services' **defines** a clinical out-patient **appointment** as **being** "**by telephone, video-link or face to face"**[7]

Establishing a telephone or video assessment and advice service, manned by experienced clinicians, for patients referred from other sources, or through re-triaging would have the **benefit** to the **patient** of receiving **self-management** guidance and **support** and would **benefit** the **Service** in **reducing** the **waiting list size** as the number of people receiving **telephone advice** is **considered** a **first appointment**.

[7] (NHS Scotland, 2016)

5 Increasing Capacity

Physiotherapy MSK service has a compliment of 55 wte physiotherapists, with an additional 14 rotational Band 5. Vacancy levels for Band 5 rotational staff are running at 25%. The referral management hub has 3.44 wte staff members.

5.1 Patients who 'Do Not Attend'

Based on National figures the DNA rate for NHSL MSK Physio is second highest across Scotland. As DNA rates for NHS Fife of 4.4% the Head of Physiotherapy for NHS Fife was asked for the actions which might reduce the proportion of people who DNA. Fife identified a number of actions influencing DNA rates. Fife:

- admin teams and hub stress the need to attend at each call
- provide support materials (info about the service in an information leaflet and need to attend and consequences)
- try and keep the list to local regions
- building the physiotherapy 'brand'
- do not put all orthopaedic patients through MSK physiotherapy first.
- use a realistic medicines approach through the use of personal outcomes which directs patients to what matters to them.

The NHSL service has implemented similar strategies to Fife in some areas. The MSK Admin Hub stresses the need to attend at each call and tries to keep lists to local regions. The service has provided support materials in the past and is considering re-establishing this strategy. In addition they will be discussing the personal outcomes approach and Physiotherapy brand with Fife.

> A six-month study found that by telling patients that their failure to attend would cost the NHS approximately £160 reduced the level of missed appointments by almost one quarter.

A six month study by the Behavioural Insights Team found that telling patients the approximate cost to the NHS of missed appointments reduced DNA rates by nearly 25%. This strategy has been used successfully by other NHSL AHP services.

The NHSL Service includes the cost of missed appointments in their initial acknowledgement letter to patients. This should also be included in the opt-in letter (Appendix 2) sent to the patient at week 6.

5.2 Practitioner Working Practices

One of the strategies which Audit Scotland has identified as being successful in reducing waiting times involves:

> ***'using information on variations in performance among individual doctors and other healthcare professionals to change working practice'*** (Audit Scotland, 2006)

Variation in practice has an **effect** on the number of **DNA's reappointed**, number of **follow up** appointments, short term cancellations, outcomes missing from Trakcare which can lead to patients who **DNA being reappointed**. There can be good reasons for this variation - treating more complex patients and conditions - however this will not account for all variation.

5.2.1 Reappointing / New to Follow-Up ratio

A stakeholder workshop looking at the NHSL referral processes concluded that patient generated booking would be the most effective method for streamlining referrals (Appendix 1). This allows the patient to take responsibility for their health and wellbeing, the person can better schedule their appointment and in turn reduces DNA rates (and new to return levels).

An opt in trial in Ayrshire and Arran has changed the way people are reappointed. Physiotherapists do not reappoint but if appropriate suggest that the patient books, 75% of patients contacted the service and were more willing to engage with their rehabilitation. The trial has seen a reduction in the new to return level to 1.6.

The number of follow up appointments is a key variable in managing capacity. During 2018 the average new to return ratio for routine appointments was 2.22 returns for every new appointment, with the DNA rate for return appointments 8%.

Other HBs have looked at methods for reducing the new to return rate and DNA rates. Within Ayrshire and Arran physiotherapists do not reappoint but suggest that the patient books, 75% have reappointed with a reduction in the DNA rate and reduction in the new to return rate of 1.6.

5.2.2 Short term cancellations

Short term cancellations have been identified as causing **additional activity** for the MSK HUB and impact on **clinic capacity**. NHSL RMS service clinic cancellation **policy** expects **notice** of **six weeks for any service cancellations**. Within the six week timeframe there will be unavoidable cancellations however for any service to be patient centred these should be kept to a minimum.

During the two months January and February 2018 **2,184** patient **appointments** were **cancelled** by the **service** between 0 and 42 days. Given winter pressures this number may be higher than at other times of the year, but it does provide an indication of the effect of short term cancellations.

5.3 Increasing Capacity – Telehealth

Nationally there is a push towards telehealth solutions. The National Delivery Plan for the Allied Health Professionals in Scotland set out the benefits of Telehealth for future service delivery as 'Deployed effectively, telehealth improves access to high quality and effective care and enhances the user experience'. (The Scottish Government, 2012). The delivery plan outlines roles and responsibilities for increasing the use of telecare and telerehabilitation 'AHP directors and leaders in social care should work collaboratively to significantly increase the utilisation of telecare as an integral approach to "enabling" services development…'

In addition Domain C of Scotland's Digital Health & Care Strategy outlines a national approach which will allow service design to:

> *Spread the use of video consultations direct from people's homes (including care homes) and mobile devices to allow greater and more convenient access to both routine care and specialist support from anywhere in the country and support resilient services.* (The Scottish Government, 2018)

Lanarkshire Telehealth Team are offering telehealth solution which could be the use of **text messaging** or online assessments using real-time videoconferencing. Text messaging has been used successfully as a **motivational tool** improving adherence to treatment plans. **Attend Anywhere** is a web based platform which allows services to offer **assessments and treatments** via video consultation using the patient's computer or mobile device.

Services across NHSL are exploring using digital innovation as part of service redesign. The **Podiatry** service is using **text messaging to coach** and **motivate** patients undergoing exercise treatment plans. The MSK Service uses this approach for chronic pain and back education classes. The Service should consider expanding the use of text messaging for coaching and motivational purposes.

The Specialist Diabetic Podiatry service is an example of a service developing the use of **Attend Anywhere** This approach is initially being piloted as a method of improving **communication** and **liaison** between teams and the patient.

Development of a video based approach should not be focused solely on patients from rural areas but should ultimately be **offered** to **all patients**, where clinically appropriate, as an option. As this is a mobile solution the **patient** could remain **at home or** in the **workplace** for assessment and treatment appointments. This would provide more **equitable access** to service for those who have e.g restricted mobility or respiratory conditions. In addition it would **reduce** the **financial burden** to patients, carers and **employers**.

Concerns have been raised regarding the effectiveness of video assessment and diagnosis, however results from a **trial** evaluating the **assessment** and **diagnosis** of patients with MSK knee disorders **demonstrated** that patients using **video assessment** and diagnosis is **as effective** as **face to face** assessments by physiotherapists. (Richardson et al, 2017)

There may be further benefits to the service of this approach, it may allow the service to quickly reassign a patient in the event of a physiotherapist becoming unavailable and where others have appointments not filled.

6 Activity

MSK Physiotherapy clinic capacity allows for 45 minutes for new appointments, this includes administrative time, and 30 minutes for return appointments. Each practitioner aims to see 13 new patients per week 42 weeks per year, which equates to 546 per wte. Clinic activity is only generated from band 5 staff and above. Capacity planning takes into account: 6 weeks annual leave, 2 weeks study leave and 2 weeks other leave.

GOOROO planning software has been used to estimate the gap between demand and activity in order to meet the 12 week target. Outputs from this exercise show that if no changes are made then the waiting list size will continue to increase. The software is reliant on data accuracy, if this is not the case then the estimates will not reflect the true position.

The output is based on estimates using previous year data and assumes that there are no other changes to the Service which might affect demand, activity and capacity. However this report has suggested a number of short and longer term actions which, if implemented, should show improvements in these areas.

6.1 Did Not Attend (DNA)

NHS Lanarkshire Service has the **second highest DNA rates** of the nine national boards providing quarterly data. This section discusses how this might be improved through data quality monitoring, performance monitoring and validation exercises.

When an individual does not attend then the **protocol** is they are **removed from** the **list**, this is in line with Section 4.1 of NHSL Access Policy.

In practice patients who have not attended are **frequently** given **further appointments**. During, **2018** this was **2,790 appointments**.

In addition, when the **outcome 'DNA'** is **not recorded by clinicians** then the person may be **automatically reappointed**. From January 2018 to December 2018 there were **1505** new **appointments** where the person did not attend and **no outcome was recorded** on Trakcare. Of those with **return appointments 3548** who did not attend **did not** have an **outcome** recorded on Trakcare. With the potential for these patients to be reappointed. This reduces capacity, increases waiting times and contributes to the HM HUB workload.

The HM Hub manager is responsible for **training** new members of staff on Trakcare specific to the Service however due to limited resources this is not always possible and instead new staff receive **general training**. The HM Hub should be adequately resourced to allow clinical staff to be trained by the Hub admin manager which **should reduce**, amongst other things, the number of unrecorded outcomes for new appointments and reappointed DNAs.

> *Systems, process and resources should be in place to ensure that all staff are adequately trained to use local systems to help manage access to services.*
>
> CEL 33 (2012)[8]

6.1.1 Management, Performance and Data Quality

NHSL Information Management has developed a **suite of data quality reports** accessible on the Planned Care Report dashboard. This **supports** data **cleansing** and can be used to support **performance**

[8] (The Scottish Government, 2012)

improvements. However the service does not have the capacity to adequately manage this activity. With **adequate resources** the Hub could **weekly data cleansing and quality checks.** This is in line with Scottish Government guidance on effective patient focused booking regarding the development of (Appendix 4) standard operating procedures to ensure equity.

7 Waiting List Management

Roughly 34% of people referred to the service as routine are in the 61 and over age group, with the majority of referrals, 66%, coming from the 0 to 60 age group. Most people (27%) seek advice for lumbar conditions, 15% for knee and 15% for shoulder conditions.

7.1 Referral Process

Key stakeholders met to review referral processes and to explore possible improvements. Appendix 1 has the current processes mapped from point of referral to first appointment.

In general there are two pathways one for paper referrals and the another for electronic referrals

The first point that became apparent to the group was the complex process for paper referrals. The group believed that there needed to be one referral pathway which streamlines referrals, this is illustrated in Appendix 1 showing the ideal pathway where patients would generate their own booking.

One Scottish HB visited have piloted an approach to rebooking whereby the therapist suggests to the patient that they seek a follow up appointment. Roughly 75% of patients rebook, the new to return ration has reduced to 1.6 with people are more likely to engage with treatment plans.

In addition to being more person centred this approach meets many of the elements of patient focused booking (Appendix 4). Section 4.3 discusses in more detail the benefits of self-referral approaches.

Urgent/Routine

Referrals are vetted as either 'Urgent' or 'Routine'

Urgent referrals are prioritised and the service aims to appoint this type of referral within two weeks.

Routine referrals are added to the waiting list. An opt-in letter (Appendix 2) is sent to the person at roughly week 6 from the time the referral is received. The person is asked to reply within two weeks. They are advised that if they do not respond in the timescale indicated then it will be assumed that they no longer require Physiotherapy and they are removed from the list. In addition patients make contact indicating they no longer require and appointment.

7.2 Patient Focussed Booking

Discussions with the HM Hub manager regarding patient focussed booking principles (Appendix 4) showed that aspects are being followed however without adequate resources there are elements which are undertaken on an ad hoc basis. Clear communication at the outset, equality needs and availability to attend, working to standard operation procedures and ongoing validation of waiting lists to reduce wasted slots.

7.3 Opt in Letters

As a result of the length of time people wait for appointments opt in letters are **sent** to patients at **week six** following receipt of the referral. This allows a six week turnaround for the HM Hub to manage the booking including the patient's first appointment. Any significant **delays** can **result** in a person waiting **longer than 12 weeks**. **Ayrshire and Arran** aim to send opt in letters by **week 3** but have shorter waiting times. Sending opt in letters earlier would allow more time to manage bookings and may result in fewer breaches the

implications of this approach should be explored and may include a stepped approach to move towards shorter timescales.

7.4 Validation

The Orthopaedic Service has recently undertaken a validation exercise which has involved sending letters to patients who have delayed for over 26 weeks. Whilst this may be costly it is person centred and has resulted in a **20% reduction** for orthopaedic patients. The Service should consider expanding this exercise.

7.5 MSK Referral Management

The HM HUB has experienced periods of low staffing levels. To overcome this the Service may want to **explore working** with **other MSK** services to bring together admin staff into an MSK HUB in order to achieve some economies of scale. This strategy appears to be working **effectively** in **Ayrshire and Arran** where there is a bespoke referral management centre with associated professional and technological support.

8 Performance Management

Nationally the Rapid Access to Allied Health Professional MSK Working Paper set out the aim for targets and performance indicators 'Triple Aim – population health, value for Money and experience of care.' (NHS Scotland, 2016). It outlines the types and use of data which Boards should use '…to understand and to analyse and manage: Demand, Activity, Capacity, Queue. This data will enable informed decisions when redesigning current services.'

The MSK Physiotherapy Service is going through a period of change with changes in demand, recruitment challenges and expansion in the numbers of APPs in GP practices. At this time it is **important** that **data is reliable/validated** which will in turn contribute to accurate intelligence regarding service changes and redesign. There **must continue** to be a single source for data, the **Trakcare** system, regardless of practitioner location.

Data is used by the Service as part of current performance reporting, with some data analysed on an ad hoc basis. NHSL IM&T have developed the Planned Care report builder on the MiLan Information Hub. There is a wide range of easily accessible data and analysis which ranges from service level to individual GP, consultant and practitioner level.

8.1 Measurement Plan

Given the range of available data the Service should **refresh** the current performance indicators through the **development** of a **measurement plan** with scheduled Performance Management and Operational Reports which will support the service in identifying at early stages areas where **performance** is **deteriorating**. The plan should also **focus** measurement on **improvements** and **standardising practice** where appropriate.

8.2 Annualised Workplans

During 2018 data supporting a review of practitioner activity was requested by the Head of MSK Physiotherapy. The review showed variation in activity levels, in many cases variation was as a result of the practitioner involved with e.g. lower limb rehab classes or back pain drop in clinics.

Regardless of changes to the Service as a result of APPs in general practice or increase in staffing levels the Service should give **strong consideration** to the development of annualised **work plans**. With the aim of **achieving** the Service **projected activity**. Plans should be **created** with **each member** of **staff** taking into account e.g. experience, complexity of conditions under treatment etc. Additionally this would **support decisions** relating to **commissioning** new approaches and decision-making regarding the **deployment** of staff. The workplans should include specific details relating to new bookings, new to return ratios and DNA rates.

9 Patient Focused Outcomes

As discussed in previous sections **involving** patients, families and carers in **patient decision-making** has advantages to both the patient and Service. Patients are more likely to **complete treatment** plans and more likely to **attend** for **appointments**. This approach has the potential to '…empower patients, support clinical decision-making and drive forward quality improvement' (Kyte, 2015). This in turn **encourages** patients to take **responsibility** for their own **health** and **wellbeing**. For the Service this approach provides **evidence** of **quality** of **care** and leads to **improvements**.

The Chartered Society of Physiotherapy states that: 'With outcomes increasingly becoming the currency of modern healthcare, patient-reported outcome measures (PROMs) and experience measures (PREMs) are key to demonstrating the success of physiotherapy.'

One of the priority areas for action outlined in The Healthcare Quality Strategy for NHSScotland (NHS Scotland, 2012) is to 'improve and embed patient-reported outcomes and experiences' with shared decision making '…defined, supported and measured'

Introducing a patient focused outcomes approach would involve a **change** in **culture** for both patients and staff. Staff will need training and support. The experiences of other Physiotherapy services could inform development overcoming some of the barriers such as lack of collection infrastructure, additional workload for staff, lack of knowledge and confidence in using outcome measures. Any approach must **focus** on the **outcome** which the **patient desires** from the intervention and treatment.

10 Conclusions

NHSL MSK Physiotherapy service is undergoing a period of change with the introduction of APP in GP practices at the same time the Service has experienced pressures from increased demand and recruitment challenges. It is acknowledged that the **Service** has taken **steps** to **improve performance** and those actions have been highlighted in the SL H&SCP monthly Access reports which are reviewed by the NHSL Board and NHSL PPRC. Some of the actions are mentioned in this report and it is recognised that some not mentioned are associate with some of the longer term recommendations.

Some recommendations should produce marginal gains which when aggregated will result in improvements in waiting times and performance. **Key** to this is an **adequately resourced** MSK **HUB** and an **understanding** by **teams** and individual **practitioners** that **benchmarking** and **standardised** practice in waiting list management is in place to **deliver improvements** for the **patient**, families and carers.

Other recommendations, (the further development of self-referral using patient initiated strategies; putting in place an infrastructure which encourages self-management for patients who are in pain or discomfort; digital solutions to reduce patient and employers costs and improve overall outcomes; and patient focused outcomes which seek to understand what the patient wants to achieve.) will involve culture change throughout the MSK Physiotherapy Service, patients and other NHSL stakeholders.

Throughout the development and implementation of any changes and service improvements the Service should seek to consult and involve patients, families and carers to ensure improvements are fully person centred.

11 Recommendations

Recommendations:

Develop a **communication plan** to 'advertise' the MATS service across Lanarkshire, encouraging people to access the MATS service rather than using their GP as a first point of contact.

Work closely with MATS to increase numbers directed to self-management. Consideration should be given to monitoring and reporting through a performance measurement plan. Include the percentage of people directly accessing MATS as a result of the communication campaign.

Consider testing **re-triaging** patients referred by NHS24 to the MSK Service.

The Service should consider the **development of a telephone triage** pathway for patients

Consider developing a **self-management advice website** with links to local third sector organisations and leisure resources.

Encourage culture change through the **promotion** of **self-management** as part of wider redesign

Greater openness and transparency by **regularly communicating waiting times** to Lanarkshire GPs and MATS.

Consider using opt in approach for all referrals whether urgent or routine.

Develop a person-centred **personal outcomes approach** across the Service to encourage shared decision making relating to the patient's own goals.

Move all data management relating to APPs in GP practices on **to Trakcare**

Incorporate **Telehealth** supports and solutions as an **option** for **all patients** accessing the service.

Regularly review practitioner practice relating to DNA reappointing, new to return ratios, short term cancellations and outcomes missing from Trakcare.

Include a message in opt in letters stating the cost of missed appointments to NHSL.

Develop a **patient initiated booking** system for people new to the service and for people requiring return appointments. Continue to explore developing an online booking system.

Hub should be **adequately resourced** to:

- Allow personalised training on Trakcare
- Develop standard operating procedures for weekly data cleansing and quality checking

Consider **expanding** the **referral** management **hub** to include other MSK services.

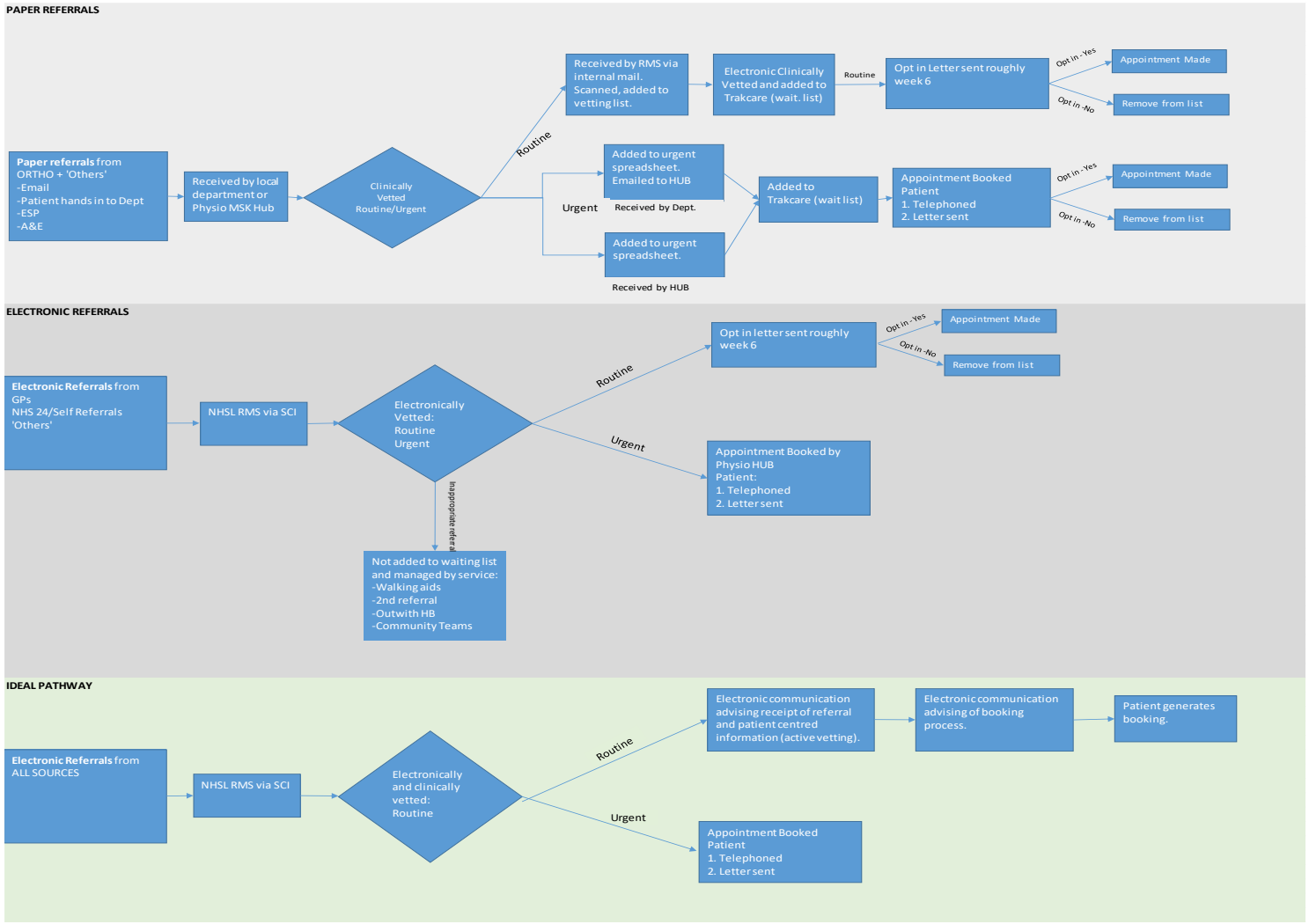
Raise practitioner awareness of their **responsibilities** for **data inputting** and **management**

Refresh performance framework through the **development** of a **measurement** plan

Develop **annualised work plans** for all practitioners

Develop a **personal outcomes approach** across the Service

Appendix 1: Physio MSK Referral Processes



Appendix 2: Opt in Letter

Physiotherapy Musculoskeletal (MSK) Hub Appointments Line
01236 713901

Dear Sir/Madam

You were referred for Physiotherapy and have now reached the top of the waiting list.
We are now booking for **February 2019.**

You may attend any of the physiotherapy sites listed on the reverse of this letter (see over page). →

If your chosen location is fully booked you will be offered the next closest location within NHS Lanarkshire.

Some sites may no longer be available.

To arrange a suitable appointment please contact us by one of the following:

TELEPHONE Call **01236 713901** Monday to Friday – call between **9.00am - 4.00pm.**

POST Return the tear off slip below and an appointment will be posted out to you.

TEXT only Reply by text to mobile number: **07917847207** (for text reply only please do not phone)

Text your initials, date of birth, gender and either ***yes*** or ***no*** for an appointment **eg:** ***TM 16/10/66 M yes***

- An appointment will be posted out to you. **You will not receive a text reply.**

Please reply by **Friday 18 January 2019** following which date we will assume you no longer require Physiotherapy and your name will be removed from our waiting list.

Important Information

If you book an appointment but do not attend on the day without notifying us, you will be discharged and your GP will be notified.
If you cancel an agreed appointment in advance, you can reschedule, however please be aware you will be discharged if you cancel 3 appointments within your Physiotherapy episode of treatment.
Please wear or bring suitable clothing to change into eg. shorts, tracksuit, t-shirt or vest-top depending on area for examination, so that the physiotherapist can examine individual joint range and muscle power appropriately.

Yours faithfully
Physiotherapy Department

✂- -

Name ______________________________ Date of Birth ____________________

Please return this slip by post to:
Admin Office
Physiotherapy
Hairmyres Hospital
Eaglesham Road
East Kilbride
G75 8RG

☐ I would like you to send me a physiotherapy appointment for preferred location

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Appendix 3: Eight Principles of Effective Patient Focussed Booking Practice

Eight Principles of Effective Patient Focussed Booking Practice

It is proposed that NHS Boards should apply the following eight principles of effective PFB consistently to all outpatient and one-stop clinics to promote attendance and offer choice to patients for the mutual benefit of patients and NHS Boards.

1. Clear communication with patients from the outset, outlining their responsibility for their appointment including booking, attending and advising of any changes to their availability. This should take place at the point of referral and within any booking dialogue between the patient and service.
2. A referral process which facilitates the transfer of information about the patients' equality needs and availability to attend.
3. All staff involved in booking and appointing working to standard operating procedures to ensure equity in appointing patients.
4. Booking processes must facilitate timely engagement and offer a single, reliable point of contact for patients.
5. Booking processes must offer patients real choice through active dialogue including dates and times of available appointments, following Treatment Time Guarantee and Waiting Times guidance.
6. Patients must be reminded of their appointment close to the date of agreed attendance.
7. The process must order the waiting list so patients are seen in turn, allowing for clinical priority.
8. The process must ensure ongoing validation of the waiting list to reduce wasted slots.

References

Audit Scotland. (2006). *Tackling Waiting Times in the NHS in Scotland.* Edinburgh: Audit Scotland .

Chartered Society of Physiotherapy. (2019, April 9). *Self referral implementation tools*. Retrieved from Chartered Society of Physiotherapy: https://www.csp.org.uk/professional-clinical/improvement-and-innovation/self-referral

Department of Health . (2008). *Self-referral pilots to musculoskeletal physiotherapyand the implications for improving access to other AHP services.* Department of Health .

Holdsworth, L. K., Sevster, V. S., & McFadyen, A. K. (2007). What are the costs to NHS Sclotland of self-referral to physiotherapy? Results of a national trial. *Physiotherapy*, 3-11.

Holdsworth, L. K., Webster, V. S., & McFadyen, A. K. (2006). Are patients who refer themselves to physiotherapy different from those referred by GPs? Results of a national trial. *Physiotherapy*, 26-33.

ISD Scotland. (2016). *Waiting Times Recording Manual Version 5.1.* Edinburgh: ISD.

Kyte, D. C. (2015). An introduction to patient-reported outcome measures (PROMs) in physiotherapy. *Physiotherapy*, 119-125.

Lankhorst NE, B. J.-Z. (2017). Characteristics of patients with knee and ankle symptoms accessing physiotherapy: self-referral vs general referral. *Physiotherapy*.

Mallett, R., Bakker, E., & Burton, M. (2014). *Is Physiotherapy Self-Referral with Telephone Triage Viable, Cost-effective and Beneficial to MusculoskeletalOutpatients in a Primary Care Setting?* Wiley Online Library.

MSK Solutions. (2009, March 25). *Homepage*. Retrieved from MSK Solutions: https://msksolutions.nhs.scot/

NHS Scotland. (2012, May). The Healthcare Quality Strategy for Scotland. Edinburgh: The Scottish Government.

NHS Scotland. (2016). *Rapid Access to Allied Health Professional MSK Working Paper.* Scottish Government. Retrieved from http://www.qihub.scot.nhs.uk/media/582453/rapid%20access%20to%20ahp%20mk%204%20week%20paper.pdf

NIHR Dessemination Centre. (2018). *Moving Forward: Physiotherapy for Musculoskeletal Health and Wellbeing.* National Institute for Health Research. Retrieved from https://discover.dc.nihr.ac.uk/content/themedreview-02995/moving-forward-physiotherapy-for-musculoskeletal-health-and-wellbeing

Richardson, B. R., Truter, P., & Blumke, T. (2017). Physiotherapy assessment and diagnosis of musculoskeletal disorders of the knee via telerehabilitation. *Journal of Telemedicine and Telecare*, 88-95.

Salisbury, C., Foster, N., Hopper, C., Bishop, A., Hollinghurst, S., Coast, J., . . . Montgomery, A. (2013). *A pragmatic randomised controlled trail of the effectiveness and cost-effectivenss of 'PhysioDirect' telephone assessment and advice services for physiotherapy.* HTA.

The Scottish Government. (2012, August). CEL 33 (2012): Delivering Waiting Times. Edinburgh: The Scottish Government.

The Scottish Government. (2012). *Effective patient booking for NHSScotland.* Edinburgh: The Scottish Government .

The Scottish Government. (2012). *The National Delivery Plan for the Allied Health Professions in Scotland.* Edinburgh: The Scottish Government.

The Scottish Government. (2015). National Health and Wellbeing Outcomes. Edinburgh: The Scottish Government.

The Scottish Government. (2018). *Scotland's Digital Health & Care Strategy.* Edinburgh: Scottish Government.