

South Ayrshire Health and Social Care Partnership

REPORT

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board
Held on	09 December 2016
Agenda Item	13
Title	Musculoskeletal Recovery Plan Update

Summary:

The purpose of this report is to update the IJB on the pressures facing the Musculoskeletal Service and on the action being taken to improve the situation.

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) Despite a focus on service redesign and improvement since 2010 and a recent recovery plan in response to more recent service pressures, demand for the service continues to outstrip capacity and waiting times continue to rise to over 50 weeks against a national target of 4 weeks at the time of writing.
- 3) The Musculoskeletal Team have reviewed the current service model and are implementing a number of actions designed to improve the position with the aim of reducing waiting.

Presented by

Tim Eltringham, Director of Health & Social Care

Action required:

The Integration Joint Board is asked to note the pressures facing the Musculoskeletal Service and to endorse the proposed actions for 2016-17

Implications checklist – check box if applicable and include detail in report

Financial	<input checked="" type="checkbox"/>	HR	<input checked="" type="checkbox"/>	Legal	<input type="checkbox"/>	Equalities	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>
Policy	<input checked="" type="checkbox"/>	ICT	<input checked="" type="checkbox"/>						

Directions required to NHS Ayrshire & Arran, South Ayrshire Council, or both	1. No Direction Required	<input checked="" type="checkbox"/>
	2. Direction to NHS Ayrshire and Arran	<input type="checkbox"/>
	3. Direction to South Ayrshire Council	<input type="checkbox"/>
	4. Direction to NHS Ayrshire and Arran and South Ayrshire Council	<input type="checkbox"/>

MUSCULOSKELETAL SERVICE PRESSURES AND IMPROVEMENT PROGRAMME

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to update the IJB on the pressures facing the Musculoskeletal Service and on the action being taken to improve the situation.

2. RECOMMENDATION

- 2.1 **That the Integration Joint Board notes the pressures facing the Musculoskeletal Service and endorses the proposed actions for 2016-17.**

3. BACKGROUND INFORMATION

- 3.1 A paper presented to the IJB on 15th September 2016 summarised the background to the current situation and gave an overview of the redesign of services since 2010. It also set out the intended recovery plan for 2016-17.

4. REPORT

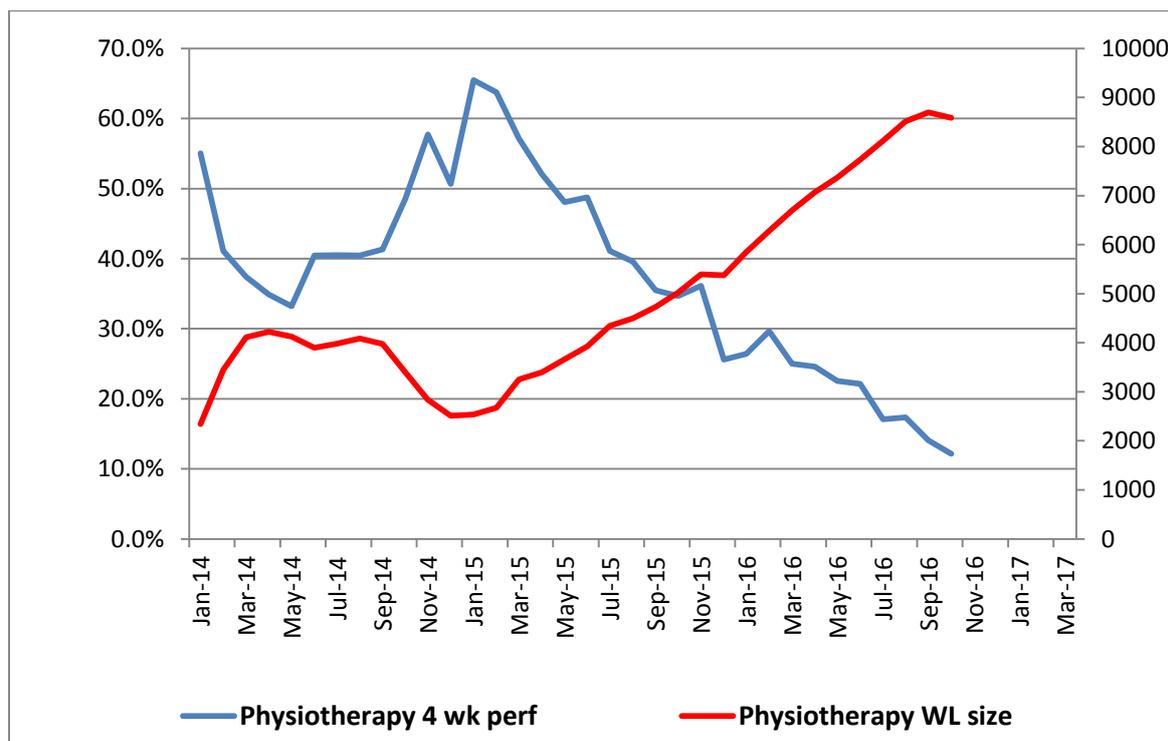
4.1 Current Pressures

Despite a range of redesign activity improving overall efficiency and reducing demand for orthopaedics, the demand for Musculoskeletal Physiotherapy in particular has continued to rise at a steady rate. Over recent months the waiting list for physiotherapy services has been rising by approximately 155 patients per week. In essence there have been 155 referrals more than the service has had capacity to deal with. This rise in demand is in line with many service areas in health and social care.

Waiting times for routine appointments have now risen to over 50 weeks (Figure 1) causing significant delays for all service users. As a result of delays in accessing treatment more referrals are being re-classified as urgent (now 40%) and are generally seen within 4 weeks. This then reduces the capacity for the routine waiting list. This is creating inefficiency across the system with General Practice, the Emergency Department and Orthopaedics all reporting significant impact. There is also clinical risk for those with serious pathology.

The graph below does show some levelling off of the waiting list for physiotherapy over the last two to three months. This appears largely to be associated with a fall in the number of new referrals. The reasons for this are unclear but may reflect a change in referral practice as a consequence of the lengthy wait for routine activity.

Figure 1. MSK Physiotherapy Number of Referrals Waiting and Performance against 4 Week Target



4.2 Update on Recovery Plan to Reduce Demand and Clear Backlog

The Musculoskeletal Service Team has embarked on a range of long term improvement and short term recovery activities with the aim of reducing demand to match available capacity. Table 1 below, summarises those actions and provides an update on progress.

Table 1. Musculoskeletal Recovery and Improvement Action Plan

Actions to rebalance capacity and demand

	Action	Predicted impact on weekly demand	Full impact realised	Progress	BRAG
Capacity	Fill 6.5 vacancies that had been held to meet financial target 15/16.	-72.8	Jan-17	Appointments made and now filling gaps left through staff having been promoted. Full capacity expected to be achieved by 31 Jan 17	G
	Opt in for return appointments to reduce cancellations within 48hrs and make best use of	-10	Apr-17	Tested Oct-Nov 16 with 3 staff. Data is being analysed to inform further roll out of this test of chance.	A

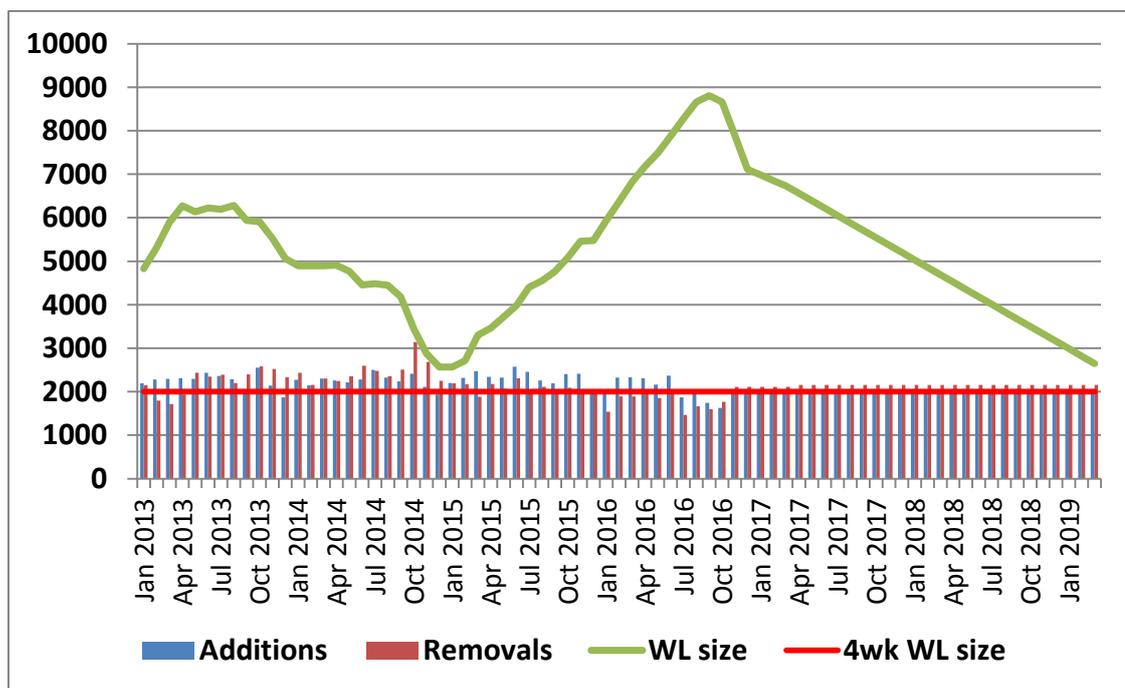
	capacity.				
Demand	Communication strategy engaging GPs in supporting self management.	No further impact	Apr-16	Complete.	B
	Within the Ayr cluster a test of change is being explored to improve shared ownership between the MSK Service and General Practice.			Engagement with the cluster is ongoing to develop a proposal.	A
	3 primary care posts. 1 cluster per partnership. 20min assess and signpost/brief intervention.	-20	Dec -16	Appointments made expected start dates Dec 16. Practices identified across all three partnerships.	A
	NHS24 review of threshold for referral (<4wks symptoms)	-29	Dec-16	Governance procedures being tested within NHS24. Initial test suggests that self management might increase from 12% to 25% reducing NHS&A referrals by 29 per week.	A
	High risk of chronicity practice based enhanced self management.	-11.45	Apr-17	Tested in one practice in Saltcoates Sept 16. Good feedback from GPs and staff. Report due mid Dec and roll out to EACH in Jan 17. Will be spread throughout 2016/17	A
	Physio in ED	No further impact	Apr-16	Test demonstrates reduced admissions and reduced referrals to orthopaedics and MSK. Funding options to be agreed as shared commitment	B
	Total	-143.25			

Backlog clearance	NHS24 to call 4000 longest waits to assess if appointment still required and direct to self	-1300	Jan-17	Engagement with NHS 24 has taken place Call handling script to be agreed through NHS24 governance procedure. Initial test expected Dec 16 –	A
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	management where appropriate			Jan17 with full roll out Jan-17.	
	Total	-1300			

The team have made good progress against a number of changes necessary to improve the service. These changes will take time to come into effect to stem the rate at which the waiting list is rising and then begin to reduce waiting times. The graph below (Figure 2.) sets out the projected trajectory for improvement based on the changes set out above (Table 1.) assuming no increase in demand or reduction in staffing. It is expected that waiting times will reach the 4 week target by March 2019.

Figure 2. MSK Physiotherapy Number of Referrals Waiting and Projected Improvement



5. STRATEGIC CONTEXT

5.1 The Musculoskeletal Improvement Plan will contribute to the following South Ayrshire HSCP strategic objectives:

- (A) We will work to reduce the inequality gradient and in particular address health inequality.
- (D) We will support people to live independently and healthily in local communities.
- (E) We will prioritise preventative, anticipatory and early intervention approaches.
- (G) We will develop local responses to local needs.
- (I) We will support and develop our staff and local people.

(J) We will operate sound strategic and operational management systems and processes.

(K) We will communicate in a clear, open and transparent way.

6. RESOURCE IMPLICATIONS

6.1 Financial Implications

6.1.1 The musculoskeletal service would require recurring investment of £300k for staff in order to maintain the current service model ensuring sufficient capacity to cope with demand. It is understood in the current climate that there is no investment available and that service models will need to change accordingly.

6.2 Human Resource Implications

6.2.1 There are no immediate HR issues emerging from this report.

6.3 Legal Implications

6.3.1 None

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 There was wide multidisciplinary and service user engagement and consultation in the redesign and delivery of the Musculoskeletal Service. There continues to be ongoing engagement of the workforce and service users in the planning and implementation of the improvements detailed in this paper.

7.2 The Chair and Vice Chair of the IJB have been consulted on the contents of this report.

8. EQUALITIES IMPLICATIONS

8.1 Poor access due to high waiting times result in increased risk to those who are most vulnerable. Those who are most able to navigate the system are able to limit their wait meaning others are left waiting even longer. The proposed improvements aim to limit these effects.

9. SUSTAINABILITY IMPLICATIONS

9.1 There are no sustainability issues emerging from this paper.

10. CONCLUSIONS

10.1 There has been significant activity to redesign Musculoskeletal Services resulting in significant 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.

Demand for the service like many others has continued to rise and demand now significantly outstrips capacity. This has led to people waiting for over 50 weeks to access the service resulting in clinical risk, reduced efficiency across the system and poor staff morale.

The recovery plan aims to reduce demand on the service so that service standards can be met within existing resources. The Team have made good progress against the actions set out in the recovery plan but it will take time before the benefits are realised.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

[IJB Report of 15/09/2016](#)

22 November 2016