South Ayrshire Health and Social Care Partnership

REPORT

<table>
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<th>Meeting of South Ayrshire Health and Social Care Partnership</th>
<th>Integration Joint Board</th>
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<tr>
<td>Held on</td>
<td>15 September 2016</td>
</tr>
<tr>
<td>Agenda Item</td>
<td>14</td>
</tr>
<tr>
<td>Title</td>
<td>Musculoskeletal Service Pressures And Improvement Programme</td>
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</table>

Summary:

The purpose of this report is to inform the IJB on the background to current pressures facing the Musculoskeletal Service and to update them on 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) Demand for the service has continued to rise year on year leading with demand now outstripping capacity by a significant margin resulting in waiting times of over 40 weeks against a national target of 4 weeks.

3) The Musculoskeletal team have embarked on a process of continual improvement focussing on reducing demand on the service with the aim of reducing waiting times to 4-8 weeks.

Presented by Tim Eltringham, Director of Health & Social Care

Action required:

It is recommended that the Integration Joint Board is asked to note the pressures facing the Musculoskeletal Service, and to receive and note the proposed actions for 2016-17.

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

<table>
<thead>
<tr>
<th>Financial</th>
<th>x</th>
<th>HR</th>
<th>x</th>
<th>Legal</th>
<th>Equalities</th>
<th>Sustainability</th>
</tr>
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<tbody>
<tr>
<td>Policy</td>
<td>x</td>
<td>ICT</td>
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<td>x</td>
<td>X</td>
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1. **PURPOSE OF REPORT**

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

2. **RECOMMENDATION**

2.1 It is recommended that the Integration Joint Board note the pressures facing the Musculoskeletal Service and endorse the proposed actions for 2016-17 intended to improve the position.

3. **BACKGROUND INFORMATION**

3.1 **Rationale for Change**

In order to fully understand the current position for the service it is necessary to look into the background and rationale for the development of the MSK service.

Demand for orthopaedics services in Ayrshire and Arran has consistently outstripped capacity for many years. In 2010-11 there were 11,804 (average = 227/week) referrals to orthopaedic services. This meant a shortfall of 21 new patient contacts per week (1092/year). The rate of increase was approximately 7-10% per annum. The graph below (Figure 1) shows the predicted rise in demand for orthopaedics (based on a 7% annual increase) and the subsequent effect on the capacity deficit.

**Figure 1**

![Annual Predicted Orthopaedic Outpatient Capacity v Demand](image)
It was also recognised that 40% of all referrals into orthopaedics did not require an orthopaedic intervention and were immediately referred into AHP services following a potentially unnecessary wait and consultant appointment.

There was an opportunity to look at an improved patient pathway with attendant shorter waiting times for patients. A programme of work was undertaken throughout 2011 – 12 culminating in the launch of the new integrated Musculoskeletal Service in October 2012.

3.2 Impact of Redesign

The redesign achieved most of the objectives set (Table 1).

**Table 1.**

Red = Not achieved  
Amber = Partially achieved  
Green = Fully achieved or exceeded

<table>
<thead>
<tr>
<th>Quality Ambition</th>
<th>Intended Outcome</th>
<th>Actual Outcome</th>
</tr>
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<tbody>
<tr>
<td><strong>Effective</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% one off reduction in total annual orthopaedic referrals which were then expected to rise by 7-10%pa. thereafter.</td>
<td>20% reduction achieved. Referral rate maintained at that reduced level equating to a 33% reduction against the predicted referral rate by 2014/15.</td>
<td></td>
</tr>
<tr>
<td>Improve surgical conversion rates from 26% to 40%.</td>
<td>70% surgical conversion rate reported by Orthopaedic Consultants.</td>
<td></td>
</tr>
<tr>
<td>Reduce GP referral for plain film XR for LBP by 50%.</td>
<td>No reduction seen.</td>
<td></td>
</tr>
<tr>
<td>Maintain or improve effective use of MRI for diagnosis and decision making.</td>
<td>78% hit rate with a 35% surgical conversion rate for MSK MRI requests as reported by Consultant Radiologist.</td>
<td></td>
</tr>
<tr>
<td>Demonstrate improvement on EQ5D Quality of Life Measure.</td>
<td>65% of respondents demonstrated significant improvement.</td>
<td></td>
</tr>
<tr>
<td><strong>Safe</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain or reduce the number of complaints related to MSK Services.</td>
<td>Initial rise in the number of complaints themed around waiting times and admin processes. Improvements resulting in lower waiting times and more person centred processes have led to a reduction in complaints.</td>
<td></td>
</tr>
<tr>
<td>Maintain or reduce the number of Datix reports related to MSK Services.</td>
<td>There have been no Datix incidents related to MSK clinical activity.</td>
<td></td>
</tr>
<tr>
<td><strong>Person Centred</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shift the balance of care to improve access to advanced practice clinics in community settings.</td>
<td>&gt;50 advanced practice and complex case clinics are now held in community settings from a starting position of 0. Video clinics provide complex case support for MSK services on Arran.</td>
<td></td>
</tr>
<tr>
<td>Reduce duplication and</td>
<td>Pathways have been streamlined and</td>
<td></td>
</tr>
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</table>

3
unnecessary visits.

duplication avoided evidenced by the overall reduction in the rate at which referrals into all MSK and orthopaedic services have fallen.

Maintain or improve staff experience.

Neutral or positive impact on staff experience during implementation and consolidation evidenced by University of Glasgow Report 2014.

Most crucially the redesign exceeded expectations regarding referrals into orthopaedics which reduced to approximately 10,000 per annum from a peak of 12,427 (April 11 – April 12) (Figure 2). This equates to an actual reduction of 20% against previous demand and has been sustained since the launch of the redesigned service.

**Figure 2.**

![Graph showing actual vs predicted referrals to orthopedics](image)

This was achieved without increasing the demand for Musculoskeletal Services (Figure 3) and in fact the rate at which referrals into musculoskeletal services were rising fell from 6.5% (blue line) to 3% (red line).

**Figure 3.**

![Bar chart showing annual referral rates for MSK and orthopedics](image)
4. REPORT

4.1 Current Pressures

Despite the redesign improving overall efficiency and reducing demand for orthopaedics, the demand for Musculoskeletal Physiotherapy, in particular, has continued to rise at a steady rate. Based on the current model, when fully staffed, the waiting list grows by 155 patients per week and would require permanent investment of 7.3wte at a recurring cost of £300k just to maintain waiting times at the present level. It has not been possible to identify extra resources to enable the service to cope with this growing demand resulting in demand consistently outstripping capacity since 2012-13 (Figure 4.)

Figure 4.

![Funded Establishment (wte.) v Required Capacity for MSK Physiotherapy](image)

Recently waiting times have been exacerbated by the holding of vacancies (2015-16) and the intermittent movement of staff to higher risk areas of the Physiotherapy Service at times of high pressure. As a result waiting times have risen to over 40 weeks (Figure 5). This causes significant delays for all service users, inefficiency across the system (General Practice, Emergency Department and Orthopaedics all reporting significant impact) and clinical risk for those with serious pathology.

Figure 5.

![MSK Physiotherapy New OP waiting list size & 4 wk RTT performance](image)
4.2 Continuous Improvement

Despite the teams continual focus on improvement that have seen missed appointments reduced from 19% to 7%, appointment utilisation of 95% and new options having been developed that tailor interventions to individual needs the capacity gap remains and waiting times continue to rise.

4.3 Proposed Improvements to Reduce Demand and Clear Backlog

The current position has required further effort at redesign. The Musculoskeletal Service Team has considered a range of improvement options with the aim of reducing demand to match available capacity whilst providing a therapy service for those who need one. Table 2 below summarises those actions that have been agreed and will be taken forwards.

Table 2. Musculoskeletal Improvement Action Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>By when</th>
<th>Predicted impact on weekly demand</th>
<th>Full impact realised</th>
<th>Progress</th>
<th>BRAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity Fill 6.5 vacancies that had been held to meet financial target 15/16.</td>
<td>Oct-16</td>
<td>-72.8</td>
<td>Nov-16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opt in for return appointments to reduce cancellations within 48hrs and make best use of capacity</td>
<td>Sep-16</td>
<td>-10</td>
<td>Apr-17</td>
<td>Being tested by 3 clinicians in North Ayrshire</td>
<td></td>
</tr>
<tr>
<td>Demand Communication strategy engaging GPs in supporting self-management</td>
<td>Ongoing</td>
<td>No further impact</td>
<td>Apr-16</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>3 primary care posts. 1 cluster per partnership (yet to be defined). 20min assess and signpost/brief intervention.</td>
<td>Nov-16</td>
<td>-20</td>
<td></td>
<td>Clusters to be identified by primary care. Recruitment underway.</td>
<td></td>
</tr>
<tr>
<td>MATS review of threshold for referral (&lt;4wks symptoms)</td>
<td>Nov-16</td>
<td>-29</td>
<td></td>
<td>Governance procedures being agreed within NHS24.</td>
<td></td>
</tr>
<tr>
<td>High risk of chronicity practice based enhanced self-management.</td>
<td>Sep-16</td>
<td>-11.45</td>
<td></td>
<td>Being tested in one practice Sept. Will be spread throughout 2016/17</td>
<td></td>
</tr>
</tbody>
</table>
Test demonstrates reduced admissions and reduced referrals to orthopaedics and MSK. Funding options being explored.

-143.25

NHS24 to call 4000 longest waits to assess if appointment still required and direct to self-management where appropriate. TBC -1300

Letter sent from CEO NHS A&A to CEO NHS24 requesting assistance 26.08.16.

-1300

It can be seen that even with a range of improvement initiatives it is likely that there will continue to be a small deficit in capacity and there is likely to be required a small amount of recurring investment and further short term investment to clear the backlog and reduce the waiting list.

5. STRATEGIC CONTEXT

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

(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 There are no immediate financial implications from the proposals in this report.

6.2 Human Resource Implications
6.2.1 The Musculoskeletal Service in Ayrshire had been considered a beacon service attracting staff from other boards. Recent staffing pressures and high waiting times
have resulted in skilled and valued staff leaving to work in other, better resourced boards.

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.

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 implications from the redesign work.

10. CONCLUSIONS

10.1 There has been significant activity to redesign Musculoskeletal Services resulting in significant reductions in demand for Orthopaedics, 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 but investment has not been prioritised and demand now significantly outstrips capacity. This has led to people waiting for over 40 weeks to access the service resulting in clinical risk, reduced efficiency across the system and poor staff morale.

The proposed programme of improvement aims to reduce demand on the service so that service standards can be met within existing resources. It is possible that even with these improvements a small amount of recurring investment and some short pump prime funding will be required to avoid a further deterioration in service provision in the short to medium term.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

None

6 September 2016