

*Connect*

# **Connect Health Annual Quality Account 2018-19**

## **Community MSK (NHS) Services**



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# Introduction

Connect is the largest specialist provider of community musculoskeletal (MSK) services in England, with a national footprint covering a GP registered patient population of more than 3.3 million on behalf of more than 16 NHS commissioners. Our established Single Point of Access (SPOA) Referral Management Centre currently manages over 250,000 patient contacts per annum and continues to expand as we are increasingly recognised for the provision of high quality, safe, cost-effective and innovative approaches to care for NHS patients.

Our consultant-led, multi-disciplinary teams operate to the highest clinical standards, supported by the latest in technology, so patients have swift access to services and receive seamless care. Using bespoke systems, patient referrals are quickly processed through our Referral Management Centre, where we ensure patients with musculoskeletal conditions are seen by the *right people*, in the *right place*, at the *right time*. This is crucial to improving clinical outcomes and patient experience, where better care in the community is delivered locally and conveniently and ensuring any unnecessary hospital appointments are avoided.

Our services are evidence-based and include self-management tools for patients, telephone and web-based advice, access to diagnostics, face-to-face assessment, treatment and rehabilitation, as well as up to date information resources for patients and GPs. This is supported by informatics services, providing unrivalled insight into the clinical outcomes resulting from our services

## Current Services Provided

Connect is a specialist Musculoskeletal (MSK) care provider delivering:

- **Community MSK services for the NHS in England**
- **Occupational Health Physiotherapy services for employers and their employees across the UK**

Our NHS community MSK services include the following:

- Established Referral Access and Signposting Service operating as a single point of access (SPOA), supported by a central Referral Management Centre (RMC)
- A patient telephone triage, assessment and advice service (“Physioline”)
- Multidisciplinary Team (MDT) clinical triage
- GP advice line accessing daily clinical advice
- Practice based physiotherapy including self-referral by patients
- Community MSK Specialist assessment and treatment services known as “CATS”
- Community-based Specialist Consultant outpatient services including Sport & Exercise Medicine, Orthopaedics, Rheumatology and Chronic Pain
- Community-based mobile musculoskeletal diagnostic ultrasound, joint and soft tissue injections (including ultrasound-guided injections)
- Neurophysiology service for Carpal Tunnel Syndrome
- Rehabilitation
- Podiatry and orthotic prescription and supply

Our Occupational Health Physiotherapy services deliver the following:

- Assessment and Treatment Services commissioned by employers for their employees
- Onsite and offsite occupational physiotherapy and ergonomic solutions
- Pro-active (preventative) management of MSK disorders to support wellbeing and ‘fit for work’ initiatives
- Advice and education (employee and management training)

## 1.1 Executive Chair's Statement

As a provider of healthcare services to NHS patients, our Quality Account is an annual report published about the quality of services we provide. This Quality Account takes into consideration the Community Musculoskeletal (MSK) Services we provide to the NHS, in particular those delivered to patients during the 2017/18 period.

As well as showing our commitment to providing the best quality community services, the Quality Account also provides an opportunity to look at what we have achieved and also identifies areas where we can make improvements next year.



We continue to collect a great deal of information on the quality of all of our services, within the 'three areas of quality' defined by the Department of Health:

- **Safety**
- **Clinical effectiveness**
- **Patient experience**

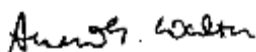
Across the North/South/Central regions we have used information to examine our performance and to determine where further improvements can be made. Areas for improvement and lessons learned from 2016/17 have now been built into our local annual objectives and incorporated into recent revisions of our Clinical Governance Framework, and Clinical Strategy for 2017/18, which are aligned to the Care Quality Commissions (CQC) Key Questions and Key Lines of Enquiry (KLOE's).

At a time when demand is growing, and budgets are shrinking, we continue to maintain excellent standards of patient care, offering a range of quality, patient-focused services with low waiting times that consistently produce positive feedback from patients and GPs alike.

Over the last few years, we have found that successful partnerships with NHS and third sector organisations, can be more efficient and productive by integrating clinical pathways. Through our own established partnerships, we've proven that collectively organisations can cost-effectively adopt new models of care and adapt new methodology, to improve patient experience and outcomes

Our staff are the backbone of our business and if patient and GP satisfaction is a true measure of how they deliver care, then we should all be pleased with the success and the feedback we have achieved to date.

We believe our Clinical Governance Objectives and Clinical Strategy reflect the needs of patients, commissioners and the people we work with, all of whom have contributed in different ways, to developing and informing our services over the years, as well as our 2017/18 objectives.



**Andrew Walton**

**Executive Chairman**

## 1.2 Medical Director's Statement

2017-18 has seen continued growth at Connect with several new contracts in both the NHS and Occupational Health sectors. The workforce clinical and support functions, continue to grow both regionally and at our head office in Newcastle.

High quality services in each locality relies on strong clinical performance on the ground from patient-facing clinical staff. The support function delivered from the head office must also be of highest quality to ensure excellent patient service and customer care. Feedback from new clinical staff suggests that Connects support functions such as Patient Care Advisors, IT, Business Information (data supply), and HR exceeds previous experience in other roles in the NHS. Our IT service desk in particular is resolving IT issues rapidly ensuring patient care continues with minimal delay.



Continual improvement is important to Connect Health with “Pioneering” and “Dynamic” as two of our company values (the others are ‘People-Centred’ and ‘Quality’). Our Business Innovation / Project Management department provides a platform to drive projects that help take Connect to the forefront of modern clinical practice. We have a number of projects running at all times. Our Referral Management Centre (RMC) staffed by Patient Care Advisors works with patients, referrers and clinicians to support patients during their ‘episode of care’. A key current project is delivering significant investment to drive efficiencies and service improvements in this important area which will in turn further enhance the patient experience, ensuring it is the best on offer.

Clinically, Connect and our patients continue to benefit from our very advanced and leading data and informatics capability. Our data warehouse (internally known as “Bob”) now securely holds data from 100,000’s of patient episodes. This prompted the British Journal of Sports Medicine physiotherapy editorial committee, following a demo, to comment “Connect Health probably have the largest Musculoskeletal (MSK) condition data base in the world”. Each Clinical Commissioning Group (who commission Connects services on behalf of GPs and their patients using our services), benefits from contemporaneous data for a wide variety of parameters, key to analyzing the quality and effectiveness of patient care. Our clinicians (and hence our patients) benefit from their own personal dashboard including validated clinical outcomes (EQ5D), diagnostics reviews and referral rates, all linked to managing effective diagnosis. This is further used to benchmark and develop our clinicians, through clinical audit, supervision and personal development plans.

Connect has received its first peer reviewed publication of our data (anonymized data) in the Journal of Health and Quality of Life Outcomes where we have set a new higher benchmark for Physiotherapy services using the EQ5D tool (<https://doi.org/10.1186/s12955-017-0789-3>). Close behind is a second paper due for publication demonstrating that anxiety and depression in association with musculoskeletal(MSK) problems is reversible on the successful treatment of the MSK problem. The first publication was seen as significant re the sample size of 4271 patients. During 2018-19 we plan to publish research using larger numbers giving even more significance to the data.

During 2018, we will roll out new “smart” clinical templates that code treatment alongside diagnosis of each condition seen, providing clinicians, commissioners (and researchers) with the ultimate measure of application of ‘evidence-based medicine’ and ‘shared decision

making'. This will place us in a prime position to evidence how reduction of clinical variation provides better value for money to the NHS and occupational market, with benefits to patients directly and the taxpayer overall, for NHS money saved through efficient NHS commissioned care.

Our clinical guidelines are a key component of understanding and applying this evidence base. Our first ten "10/10" guidelines were developed in 2016 and are applied in all services. External evaluation of these guidelines has been very positive including enquiries from the UK and worldwide to see if they can be adopted elsewhere. We are exploring means to do this in partnership with UK health charities.

Finally, health and well-being and prevention of MSK problems will be a significant focus of our pathway development over the next 2-3 years. This has started with some innovative plans (such as "Connect Exercise for Health") utilizing funding to provide resources in the community supporting exercise and wellbeing initiatives in the community and preventing some of the more common MSK and cardiovascular problems from developing. There is certainly much to be done to equip all people for living longer and successfully transiting from a 'passive approach' to a 'active approach' in '*self-care*' and '*condition prevention & management*'. More movement-based activity must be encouraged, accompanied by better 'control' of that movement (inherent in "conditioning"). A focus on this is essential to remove the "timebomb" facing healthcare services. Connect are well equipped to be at the forefront of an evidence-based approach to the successful management and prevention of MSK problems, in all age groups.



**Dr Graeme Wilkes, Consultant (SEM)**

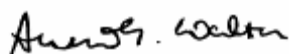
**Medical Director**

## 1.3 Statement of Assurance

We confirm that this, our Quality Account for 2016/17, presents a true picture of the quality of services we provide, that the information is reliable and accurate and there are proper controls over the collection and reporting of data.

We confirm that this Quality Account conforms to the Department of Health guidance and is open to scrutiny and review.

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30<sup>th</sup> May 2018

**Andrew Walton**  
**Executive Chairman**



30<sup>th</sup> May 2018

**Dr Graeme Wilkes, Consultant (SEM)**  
**Medical Director**



## 1.4 Further Information and Feedback

If you would like any of the following:

- to give us feedback on any aspect of this Quality Account
- a hard copy of this quality account
- a copy to read it in a different language
- to talk to someone about your experiences of our community MSK services
- to find out more about how to access our services

please email [customerservices@connectphc.co.uk](mailto:customerservices@connectphc.co.uk) or phone 0191 2504580





## 1.5 Quality Assurance and Quality Management

Quality Assurance at Connect is our number one priority. Our service standards are benchmarked against local and national regulatory and legal requirements, as well as those defined through specific bodies and organisations such as the Chartered Society of Physiotherapy (CSP), the General Medical Council (GMC), the Health and Care Professions Council (HCPC), the Care Quality Commission (CQC) and the NHS Information Centre 'NHS Digital'

We undertake routine structured audits of our services, as well as external accreditation and inspections. Our quality audits are aligned to our ISO 9001 standard whom we are registered with. These mirror the requirements for CQC compliance as well as other National Clinical Quality Standards (e.g. NICE)

We aim to deliver consistently high standards to all our stakeholders, not least to the patients that put their trust in our care.

Our 'Whistle Blowing Policy' and 'Duty of Candour' underpins our 'no blame culture' where we impress upon our staff the importance of speaking up whenever they have concerns, learning from any errors or mistakes we make and apologising when we are at fault, so that we can improve services for the future benefit of those who receive our care.



## 1.6 Regulatory Compliance

### Care Quality Commission (CQC) Inspections and Compliance

Assuring good quality services delivery is of primary importance to Connect. Evidencing quality assurance, allows us to govern, regulate and improve the services provided by our patient care advisors, health care practitioners, physiotherapists and doctors across the company.

Connect are a Care Quality Commission (CQC) regulated provider of Community Musculoskeletal (MSK) services to NHS patients. We have a robust approach to internal quality assurance monitoring so that we can benchmark ourselves internally and also externally.

Connect is registered with the (CQC) under the following 'Regulated Activities':

CQC Registration	Reference Number
CQC Organisation Identification number	1-151592833
1. Transport services, triage and medical advice provided remotely	FR25212_2_2
2. Diagnostic and screening procedures	FR25212_2_3
3. Treatment of disease, disorder or injury	FR25212_2_1

Since our registration with the CQC in 2011, Connect has had 2 inspections, both of which demonstrated Connect to have 'met the required CQC standards'. As such, no enforcement notices or improvement plans have been issued by CQC on Connect and we have no ongoing CQC investigations.

For our most recent (2014) report see: [http://www.cqc.org.uk/sites/default/files/old\\_reports/1-181584100\\_Connect\\_Physical\\_Health\\_Ltd\\_INS1-672647664\\_Scheduled\\_26-02-2014.pdf](http://www.cqc.org.uk/sites/default/files/old_reports/1-181584100_Connect_Physical_Health_Ltd_INS1-672647664_Scheduled_26-02-2014.pdf)

The categories inspected by CQC and overall summary of the inspection can be seen in the table below:

CQC Standard Inspected	Date of Inspection	Standard met
Care and Welfare of People who use the service	28/02/2013 24/01/2014	✓
Consent to care and treatment	24/01/2014	✓
Management of medicines	24/01/2014	✓
Supporting workers	24/01/2014	✓
Maintaining Records	24/01/2014	✓
Respecting and involving people who use services	28/02/2013	✓
Safeguarding people from abuse	28/02/2013	✓
Managing complaints	28/02/2013	✓
Requirements relating to workers	28/02/2013	✓

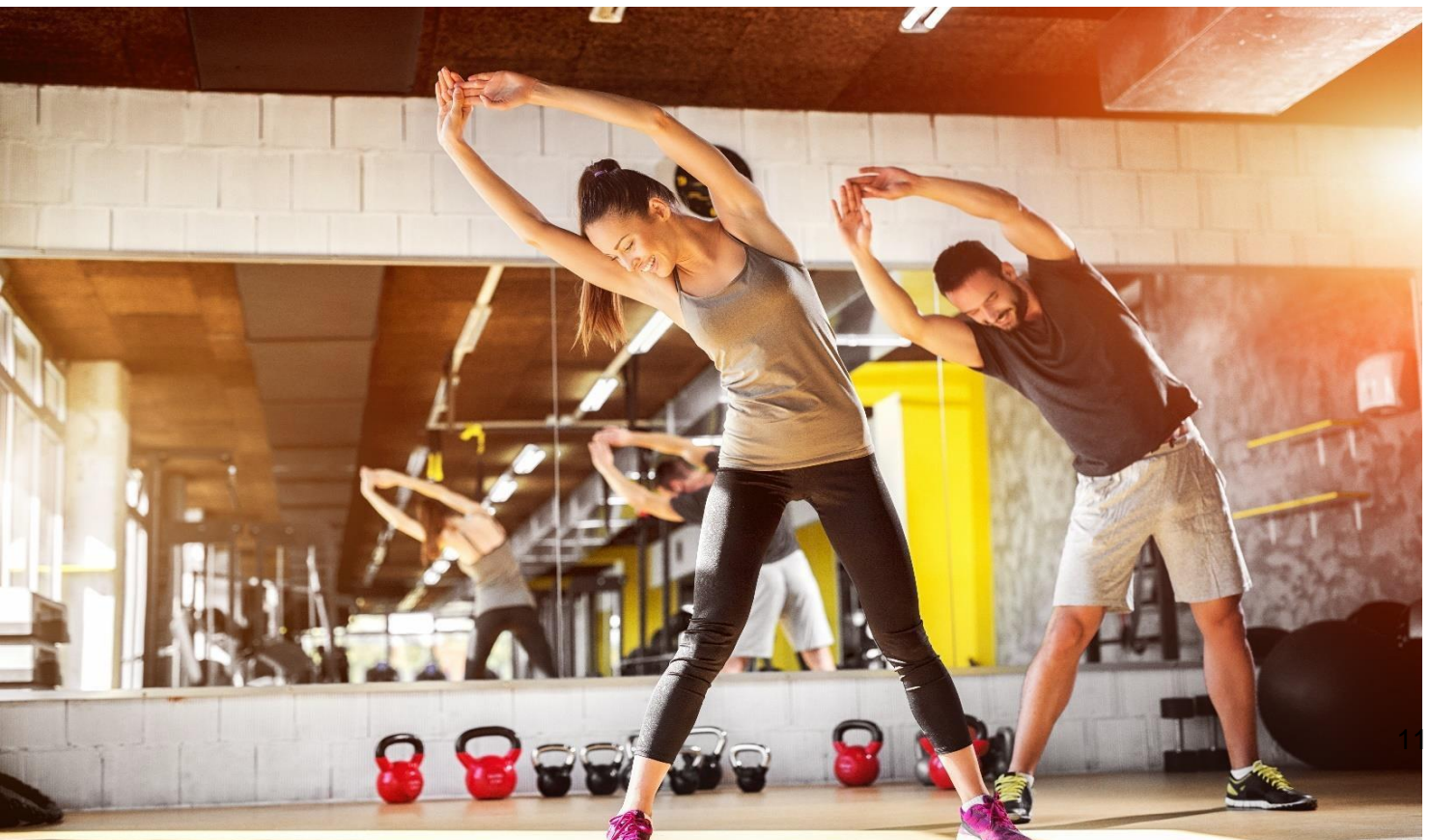
## NHS Digital Compliance (IGSoC)

Connect is registered with the NHS Information Centre 'NHS Digital' (formerly HSCIC) and undertakes annual accreditation to ensure that the IT systems, processes and staff involved with patient data, information and records are safe, secure and handled in line with regulatory and good practice standards.

Connect has maintained its IGSoC accreditation of 'Level 2 Business Partner' status every year since 2011. This provides patients and commissioners with confidence that all data and records held and /or transferred by Connect are in line with NHS Standards and in keeping with the Data Protection Act and the General Data Protection Regulations (as of May 2018).

## Monitor Licence

In November 2016 Connect became registered with 'Monitor' and have a Monitor Licence with respect to our NHS contracts. To date, Connect has met all the requirements from Monitor and met all the relevant criteria for ongoing registration and approval of our Monitor Licence.



## 1.7 Contribution to National Audit Databases and Research

Connect are committed to being involved in national audit programmes where services are applicable. Within our service provision types the following are contribution expectations of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) includes the National Joint Registry (NJR). These audit contributions are expected of ourselves and our subcontractors where/as applicable with expectations clearly outlined in subcontracting agreements.

As a national healthcare provider of community MSK physiotherapy, specialist MSK services, Chronic Pain and Rheumatology services, Connect have developed market-leading data reporting capability. Our “live” Data Warehouse updates daily providing easily accessible data dashboards with a wealth of contemporaneous data informing continuous improvement, reduction in clinical treatment variation and hence better outcomes for patients. Data can be individualised to meet needs of commissioners, internal governance and performance monitoring and crucially individual clinicians. Benchmarking of clinicians, each service, regions and our national musculoskeletal service provision will be key to ensuring service performance and quality and safety is absolutely maximised. This benefits patients, taxpayers and staff – our key stakeholders.

Given our data rich environment, research and external dissemination of the learning we gain is important and allows benchmarking amongst providers. As part of this Connect has published a new higher benchmark for measured quality in community physiotherapy services in 2017 in the Journal of Health and Quality of Life Outcomes: <https://doi.org/10.1186/s12955-017-0789-3>

During 2017-18, our innovative approach to provision of musculoskeletal services evidenced by our data was presented externally at several national forums including:

- Physiotherapy UK 2017 Conference – the Chartered Society of Physiotherapy annual conference where our data was presented via several media including platform presentation, rapid-fire presentation and several poster presentations
- Arthritis Research UK - a developing relationship sharing best practice and looking to work closer together to disseminate key learning and messages about care for patients with arthritis and other musculoskeletal problems
- British Journal of Sports Medicine editorial committee where it was commented that Connect Health probably have the largest collection of musculoskeletal data in the world – a responsibility we plan to meet with further research publication and presentations of data to stimulate learning and improvement
- Pulse Live – GP forum where key messages to Primary Care on the need to address clinical variation in decision making around prevention, self-management through exercise therapy, reduced medical imaging and reduced reliance on passive measures such as surgery were shared.
- “Big Rs” conference – Reform, Responsibility and Reasoning key messages for this meeting of invited national physiotherapy innovators. Connect Health was used as an example of how services might look to reform stimulating healthy debate which has continued and led to plans for further meetings and a national 3Rs conference in October 2018
- Connect Health “Medical Education network” – a series of free educational events



around the UK for any practitioner involved in musculoskeletal care with external speakers provided on key topics. This has been well attended with excellent feedback

- PhysioMatters Podcast: listened to by thousands of musculoskeletal practitioners worldwide focussing on clinical quality: <http://chewshealth.co.uk/tpmpsession46/>
- Chief Allied Health Professions Officer Annual Conference 2017
- Health Service Journal Summit 2017

In addition to these national events, **on a regional level**, our regional and service teams regularly present similar data and messages, broken down to the relevant region or service, to commissioners, employers for occupational services, GPs, and other locally relevant forums.

Such events will expand during 2018. we look forward to other provider organisations producing their data for external benchmarking and learning from each other on successful measures leading to improvement of patient care.

## 1.8 Clinical Governance

At Connect, Clinical Governance is at the heart of our business, our culture and our ways of working. It is used to support our patient-professional partnership, to ensure consistent delivery of high quality, safe and effective services, with excellent clinical outcomes and patient experience.

Our Clinical Governance Framework (CGF) and standards are set in relation to meet quality assurance, organisational accountability and appropriate governance infrastructure; including communication and reporting mechanisms. The Framework sets streamlined efficient processes by which clinical governance can be implemented and operationally managed in our healthcare service setting to meet the national standards set by Department of Health (Equity, excellent and liberating the NHS 2010).

A Clinical Governance Framework (CGF) provides the organisation with cohesive structure within which clinical practice should be delivered and measured. Ultimately, the Clinical Governance Framework and its infrastructure at Connect help us to achieve healthcare quality, the definition below as defined by Lord Darzi:



The CGF is divided into domains of clinical governance, that are aligned with Care Quality Commissions' (CQC) Key Lines of Enquiry (KLOE). Further, these incorporate CQC, Monitor and Local commissioner (NHS Contract) requirements. The domains include:

- ✓ ***Patient Safety and Risk Management***
- ✓ ***Clinical Quality and Effectiveness***
- ✓ ***Patient Experience and Engagement***
- ✓ ***Service Quality and Performance***
- ✓ ***Leadership and Engagement***
- ✓ ***Staffing and Staff Wellbeing***
- ✓ ***Regulatory Compliance***



Under each domain of clinical governance, we have a series of systems, policies, processes and procedures, that underpin the delivery of the objectives set out in each of the domains. Staff are accountable (individually or collectively) for delivery against the requirements within each domain and performance is measured through regular audit and monitoring of compliance against these requirements.

### Clinical Governance Framework Domains



Our clinical leadership structure allows local ownership and accountability of Clinical Governance by analysing, monitoring and reporting to ensure that standards of services meet local commissioner and national regulatory requirements.

Centrally, we have a number of subcommittees with niche responsibility to monitor, regulate and govern specialist areas of areas of risk to patient safety, clinical effectiveness or patient experience. These include:

- Clinical Governance Group
- Clinical Steering Group
- Medicines Management Group
- National Safeguarding Panel

Connects quality assurance and audit programmes, provide Connect and our service commissioners, with the opportunity to:

- Measure performance against local and contractual quality standards
- Benchmark quality standards between services for comparison
- Benchmark against external standards (where these are published).
- Identify service improvements to meet or improve standards of care
- Participate in future national audit and research- such as through Healthcare Quality Innovations Project (HQIP)

Our audit cycle feeds into our process for Continuous Improvement, ensuring standards are maintained, delivery is re-evaluated, and future healthcare models are developed from the lessons we have learned or evidence from external sources, in order to derive continued benefits for patients, commissioners and staff.

The quality of our services is reviewed quarterly at Connects Clinical Governance Group meetings, as well as at local and regional Clinical Steering Group and Contract Service Review meetings with the Clinical Commissioning Groups (CCGs).

Connects Audit cycle is defined and completed with continuous improvement key to meeting and improving the safety, effectiveness and experience for patients and staff year on year. In addition to formally planned national / regional audits, all practitioners have individual audit plans in their personal development plan contributing to each clinician improving. The abundance of data, readily available contributes to the success and relevance of this audit.

Audits completed and learnt from across the organisation and in each region in 2017/18 were:

- ✓ Clinical Record Quality
- ✓ Infection control
- ✓ Medicines Management- injection therapy
- ✓ Medicines Management- prescriptions
- ✓ Clinical Record Quality
- ✓ Diagnostic imaging referrals safety and quality
- ✓ Triage quality
- ✓ Secondary care outcomes
- ✓ Confirmed serious diagnoses
- ✓ Safeguarding children and adults at risk
- ✓ Incidents quality
- ✓ Complaints quality
- ✓ Duty of Candor
- ✓ Physio Partner Report Quality Assurance
- ✓ Fitness for work/ Return to work programmes
- ✓ Work Place Assessments

## **Section 2**

Review of our Quality  
Performance & Quality  
Improvements for 2017/18  
(Key Successes and  
Achievement

## 2.1 Review of National Actions & Improvement Plans from 2017/18

In last year's Quality Account, we cited three distinct Key Areas for Development and Improvement Priorities for 2016/17. These included:

1. Improve Quality Audit & Quality Reporting
2. Improve Clinical Effectiveness through Evidence Based Treatment (Guidelines and Rationale)

A summary of the progress made on the above, over the past year, are as follows:

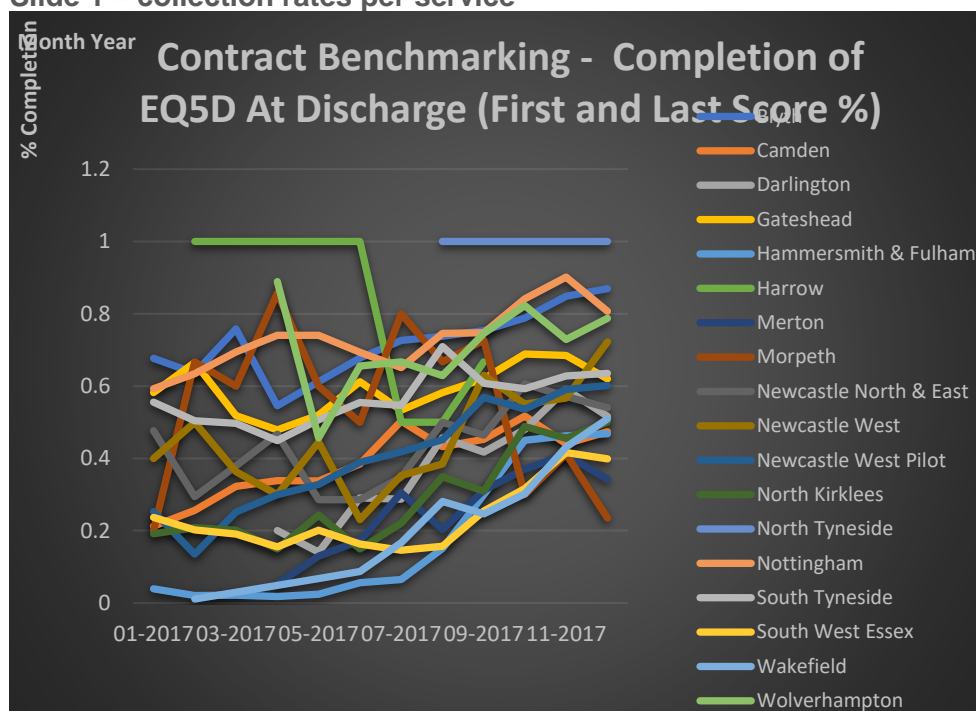
### 2.2.1 Improve Quality Audit and Quality Reporting

Throughout 2017 Connect has invested in developing our audit collection and reporting systems with our Business Intelligence Team. All audits are now collected on a central reporting system which allows for the audit data to be collated, analysed and reported on. This has given greater visibility of clinical audit performance across the business and we are currently refining how the reports look.

### 2.2.2 Improve Clinical Effectiveness through Evidence Based Treatment

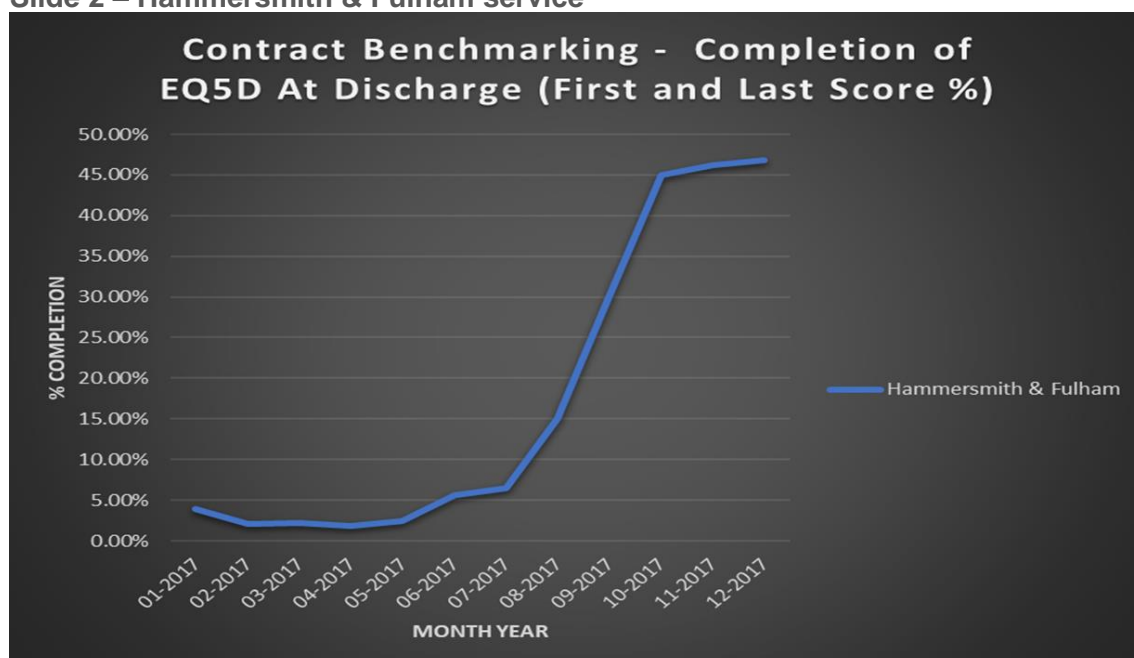
Connect clinicians are now using our 10/10 clinical guidelines across all services. To assess the effectiveness of this and care in general collection of EQ5D outcomes is our key tool. Performance feedback has been a key drive during 2017-18 starting with ensuring that collection rates are maximised to ensure accuracy of results. Sufficient numbers provide more statistically significant results from which to look to change practice to improve. The following slides for 2017 EQ5D results illustrate our progress:

## Slide 1 – collection rates per service



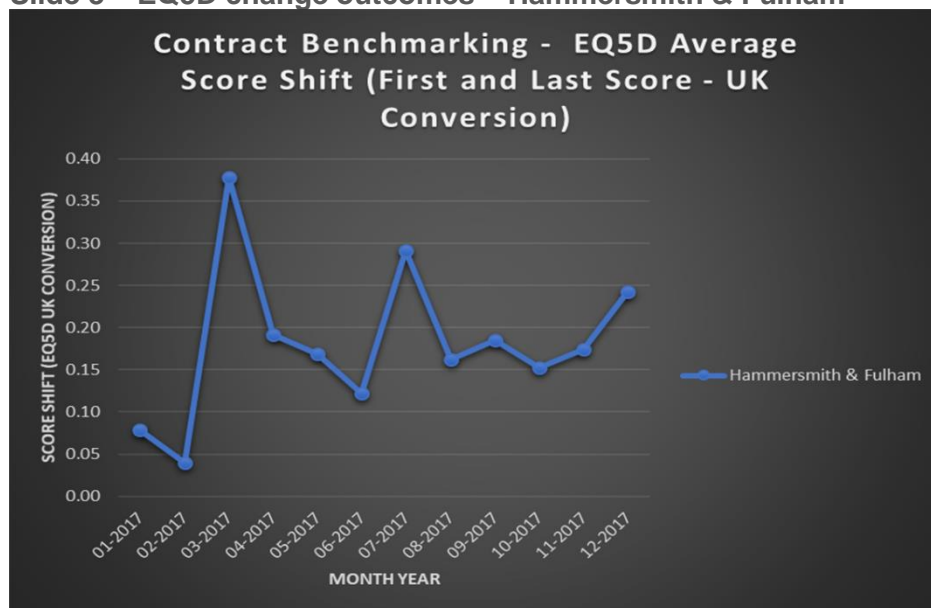
Slide one demonstrates how feedback to clinicians has influenced collection rates. The left-hand scale represents collection rates where 1.0 is 100%. A drive on collection rates was launched in June 2017 where for the first time clinicians were supplied with their service collection rates. The graph demonstrates a clear upward trend from July 2017 with most services above or near to 50% by years end stimulated by data feedback.

## Slide 2 – Hammersmith & Fulham service



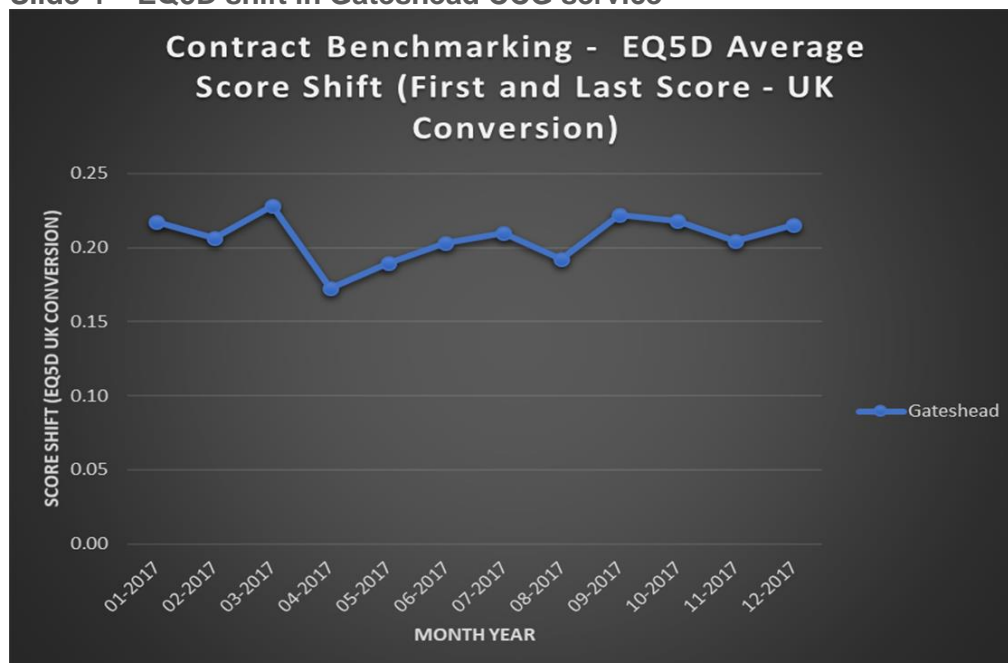
Slide 2 above picks out Hammersmith & Fulham where in the first half of the year, collections rates at < 5% were not unusual for an NHS service. Having received rate feedback and encouragement through service leads in the latter half of 2017, rates rose significantly to almost 50% by December

### Slide 3 – EQ5D change outcomes – Hammersmith & Fulham



Slide 3 demonstrates the statistical significance and power of large numbers in presenting a more accurate account of clinical care. In the first half of 2017 when numbers were small, there is a large monthly variation in EQ5D change ranging from +0.04 (“poor”) to 0.37 (“excellent”). Only when the collection numbers became large do we see the true picture of outcomes either side of +0.20 which our publication in Health and Quality of Life Outcomes suggests may be the benchmark.

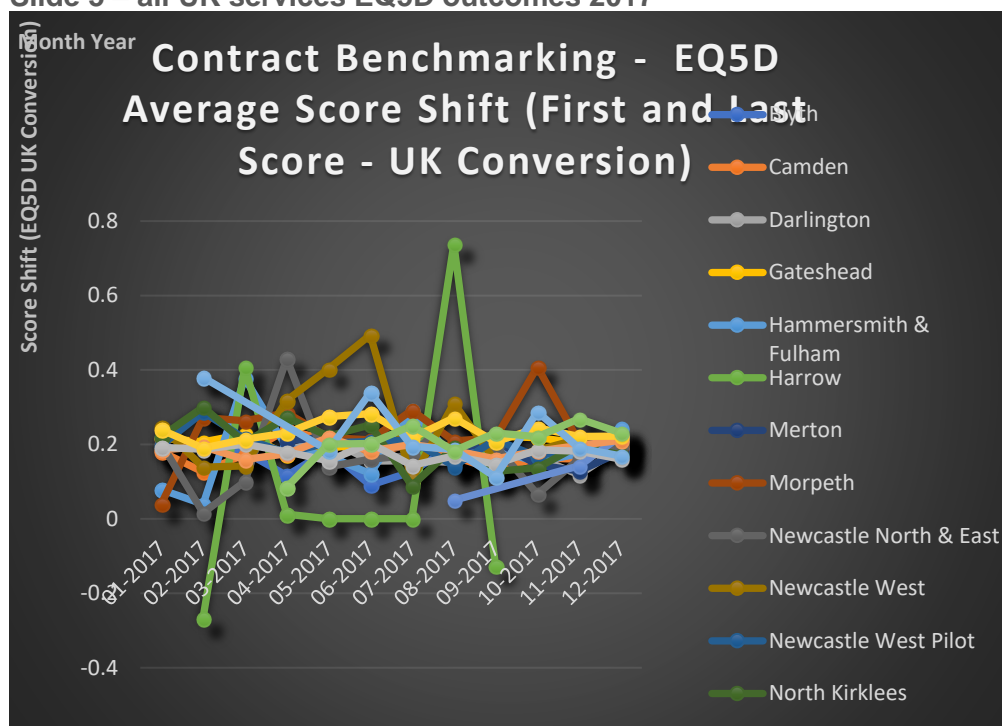
### Slide 4 – EQ5D shift in Gateshead CCG service



In contrast slide 4 in Gateshead, where collection numbers were higher throughout the year, the mean EQ5D improvement is either side of +0.20 but with more accuracy on the latter half of the year again



## Slide 5 – all UK services EQ5D outcomes 2017



Slide 5 shows all Connect services in 2017 with again a confluence of EQ5D scores around the +0.20-improvement score. This represents tens of thousands of patient data and so is highly statistically significant. We have not to date been made aware of any other organisation that has such accessible and reliable data on patient outcomes.

Connect Health therefore can report in this Annual Report with confidence on the quality of our services. The challenge now is for even better reduction of clinical variation through monitoring and feedback. Ultimately moving the mean EQ5D outcome higher than +0.20 is the challenge.

## 2.3 Some Results of Our Clinical Audits

### 2.3.1 Patient Safety Audits

#### **Medicines Management Safety Audit**

Auditing compliance with medicines standards is extremely important at Connect for quality and safety assurances. We have outlined within our Clinical Governance Framework essential clinical audits regarding a range of areas of medicines management including: clinical care quality, patient safety, medicines supply chain, and financial.

Within the past year, Connect have expanded its use of medicines with new service commissioning in several contracts to include prescribing. This therefore changed some of the audits performed. Our National Medicines Management Audit outlines our compliance with all safety, quality and financial audits performed.

#### ***Key findings include:***

- 100% of clinicians using PGD were verified in our register system
- 98% of our adverse drug reactions (ADRs) were reported to MHRA on yellow cards scheme (steroid injections)
- We made a critical review of our ADRs. From this, we determined that when compared against research of prevalence of ADRs, we have less than the cited literature for each type of ADR from steroid injections
- 100% of our prescriptions issued were within formulary for contract
- 100% of central alerting system (CAS) alerts were managed promptly and effectively (where applicable)
- Our clinicians administering steroid injections improved their practice from our previous clinical audit regarding the quality of documentation by 6%
- Our audit of medicines and stock supply chain was very effective showing 100% compliance across the year

#### ***What does this tell us about patient safety?***

We securely store, supply and administer medicines within our contracts. This gives us reassurances that we have safe processes and practices to allow our clinicians to deliver safe and effective care to patients.

Our clinicians are aware of when to report ADRs and do so very well- so that we can learn about our practice and continually improve.

We share our National Clinical Audit with our clinicians through our Consultant Physiotherapists and delivered training regarding this so heighten awareness of ADRs from steroid injection therapy. Within this year, we saw a reduction in these compared with previous years- demonstrating that we are providing safer care, with less side effects.

#### **National Safeguarding Audit**

Healthcare providers have a duty to safeguard patients who may be least able to protect themselves from harm. To quality assure that our organizational infrastructure and performance regarding safeguarding is effective, we audit and benchmark ourselves against: Safeguarding of Adults Assessment Framework (SAAF) and National Society for the Prevention of Cruelty to Children (NSPCC) has designed a "Safeguarding Children Self-Assessment Tool".

This also includes critical review of the safeguarding concerns reported, compliance with clinician documentation standards and objectives from previous year. Our National Safeguarding Panel monitors national and regional trends regarding safeguarding topics. This allows the planning of safeguarding supervision to bring key national and local issues for discussion with our clinicians.

***Key findings include:***

- 100% of our safeguarding concerns identified were managed effectively as per our procedures, policy and working with local Multi-Agency Safeguarding Hubs (MASH)
- Scored 100% effective or excellent on all aspects of the SAAF and evidenced compliance with the NSPCC standards
- We monitor national safeguarding trends and apply these into training, but can do even better at this consistently
- We have expanded our safeguarding team to include 3 Designated Safeguarding Officers (DSO) by region to support our teams with managing and reporting concerns. This need has arisen due to growth of our contracts and need to expand the team.
- Our compliance mandatory training for safeguarding has improved by 15% since last year and is monitored every quarter.

***What does this tell us about patient safety?***

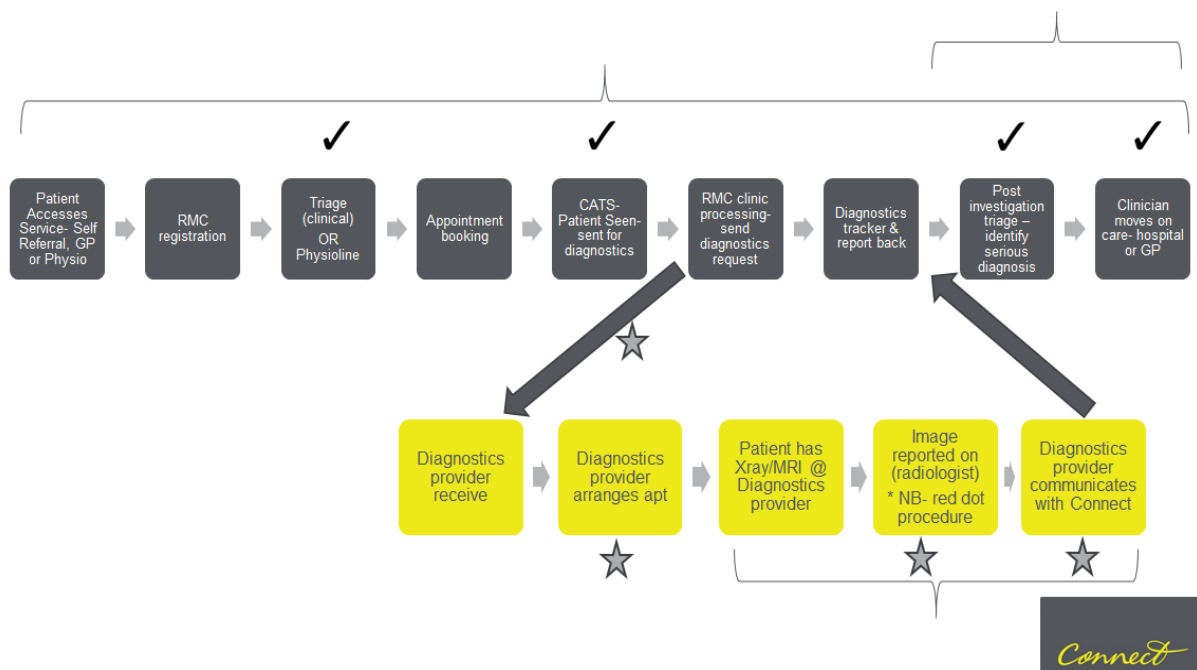
- Our clinicians and administrators who have patient facing care are cognisant to the needs of safeguarding of adults and children and can identify these concerns well.
- Our clinicians raise concerns appropriately and in a timely manner.
- Our organisational structure around safeguarding provides good support and sufficiently governs this well.
- Our training is effective to help support their understanding around issues in safeguarding, but we want to improve this even further in the next year to discuss local, national and regional safeguarding topics more consistently in our teams.

## **Serious Diagnosis Audit**

Our Serious Diagnosis Audit evaluates the quality and process of clinical care as a retrospective analysis for patients who had confirmed serious medical and MSK diagnoses. From this, we can identify

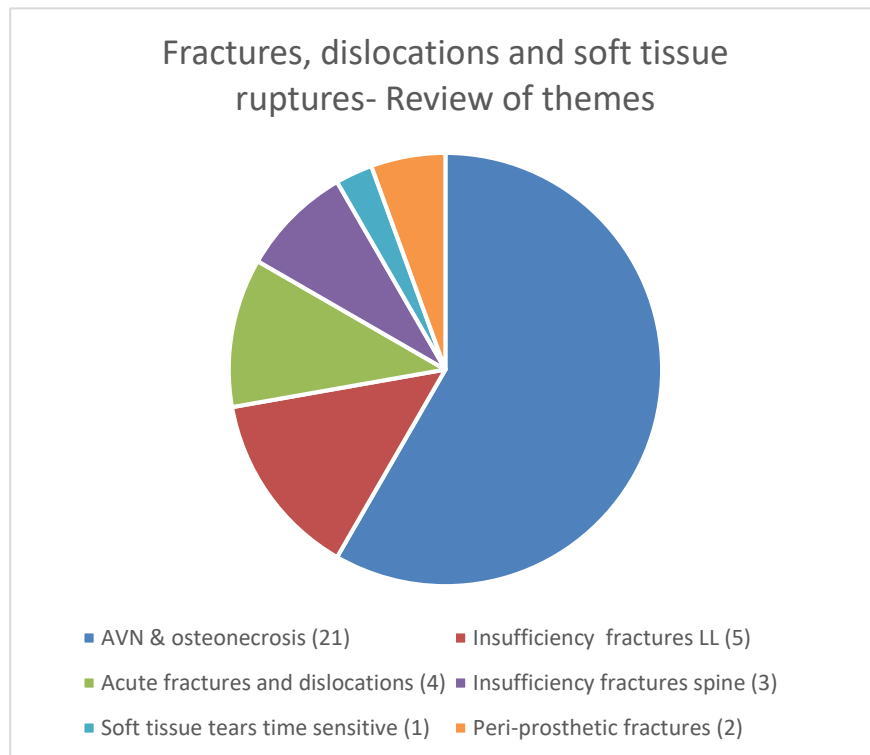
- Compliance with national quality standards (NICE Guidelines for MSCC, Time to treatment cancer targets- NHSE)
- Benchmark our services against each other
- Identify areas for improvement within services
- Identify areas of excellence where positive lessons learned should be shared across our national contracts

The Serious Diagnosis Audit evaluates the overall pathway of care as well as key touchpoints for clinical decision making. Therefore, this evaluates PROCESS of care as well as DECISIONS within the clinical pathway.



#### **Key findings include:**

- We saw a rise in Serious Diagnoses of the lower limb this year by 50%
- We had 3 confirmed cases of spinal metastases, where retrospective review of their clinical history reveals that they had symptoms of Metastatic Spinal Cord Compression (MSCC).
- We identified areas where we can improve data entry and coding of the clinical records- this will help future audits
- We have seen a rise in identified Insufficiency fractures in 2017 and noted across our national contracts significant variation in orthopaedic input, pain management, bone protection planning, and rehabilitation of patients post diagnosis



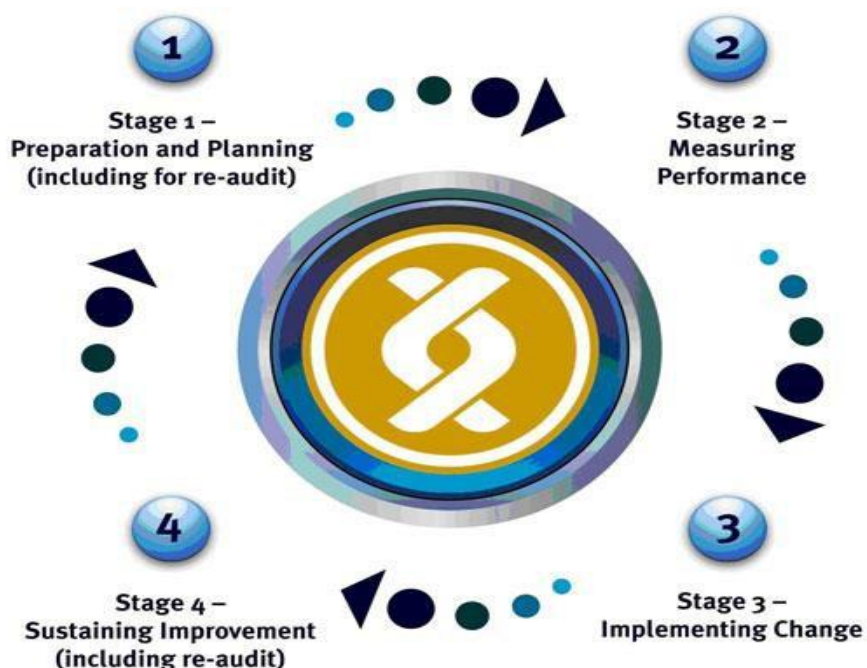
***What does this tell us about patient safety?***

- Our clinicians well recognise and act on red flags at all touch points in the clinical pathway - our clinicians are alert to the signs and symptoms of serious pathology and use local pathways well
- We need to focus on consistent collaboration with local MSCC coordinators as per NICE guidelines (QS56 and CG75). None of the patients had signs/symptoms of oncological emergency, but the process of the care could have been more efficient had this involved collaboration with MSCC coordinators. We need to review this in clinician training.
- We want to plan a more proactive, coordinated approach to the multidisciplinary input of patients with insufficiency fractures by encouraging greater collaboration and clear accountability between secondary, community and primary care to reduce this unwarranted variation.

## 2.3.2 Clinical Effectiveness Audits

We undertake a number of Clinical Audits to evaluate the safety and effectiveness of the services we deliver. Our Audit Methodology is based on the following model:

### Patient Reported Outcome Measures (PROMS) – EQ5D



We have already reported the effect of feedback on stimulating improvements in collection of PROMS above in section 2.2.2.

Measuring and recording the outcomes of patient's clinical care is essential for service providers to ensure that the care delivered is optimally effective.

We have seen significant improvement in the past 12 months at Connect regarding the method by which PROMs is gathered from healthcare systems. This information can then be evaluated at a personal, regional or national level for benchmarking, reflective continuous professional development for clinicians.

We are evaluating additional PROMs for use in our services based on emerging scientific evidence/new tools and/or separate tools for niche groups of patients (such as rheumatology services).

#### ***Key findings include:***

- Score shift data shows that overall our patients show improvements in health-related quality of life following management within our services
- Variations are becoming apparent between regions, between services and between clinicians
- As an example, across the year for all "Northern" services combined there is a score shift of 0.18 compared to 0.19 across the whole network.
- South West Essex in the South is consistently our highest performing service with outcomes up to +0.24 in some months and given this is a large service, numbers provide statistical significance



### ***What does this tell us about clinical effectiveness?***

- This audit evidences shows that for most of our patients their 'quality of life' (outcomes) has improved whilst in our services.
- In addition, the improvement rates are higher than that which is reported in scientific literature regarding physiotherapy services in the UK.
- Improving collection rates consistently across our services remains a priority to gather as much information as possible, on as many patients as possible.
- There is variation between regions, services and clinicians which we don't fully understand as this will be multi-factorial. Our challenge now is to begin to examine the variation and discover whether the lower performers can improve, learning from the higher performers. However, it may be that these differences, particularly based on geography, may relate to the demographics more than the service provided. This is an example of how our data can stimulate exciting research questions. In 2018-19 we will look to develop further relationships with Universities to explore this.

## **Diagnostic imaging quality audit**

There are several requirements for clinical audit of a providers' Diagnostic Imaging referrals including legislative (under IRMER legislation) and internal quality analysis. In addition to the legislative requirements to audit, Connect assess the quality of the referrals for X-rays and MRI referrals quality as there are financial implications for the NHS associated with these medical investigations.

The Royal College of Radiology (RCR) have developed key resources and standards for when diagnostic images are indicated. We use the RCR Guidelines as our quality standard to measure clinical effectiveness of quality of referrals within our services.

Like all of our clinical audits, we provide feedback to clinicians for their continuous professional development (CPD) and benchmark service quality. From this, we can develop personal development plans (PDP) and training for our staff where needed or develop our services further.

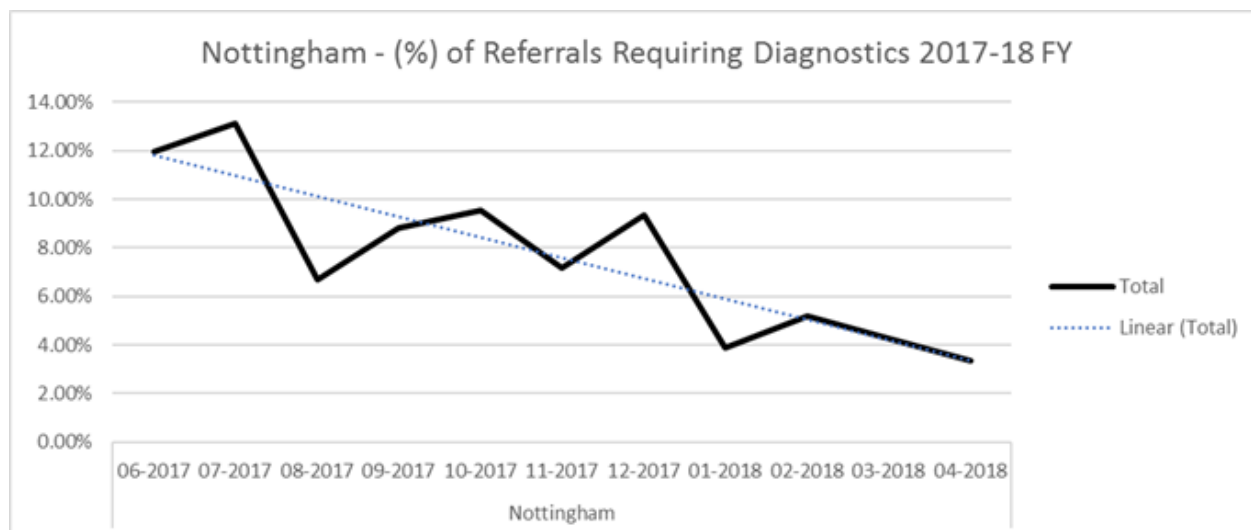
### ***Key findings include:***

- As an example, across all North contracts combined we achieved 90% compliance
- There were particular issues in two North contracts with locum clinicians who did not adhere to guidelines. Completing the audit cycle, we reacted by changing the locum induction process and locum supervision has been changed so this aspect of locum practice is assessed from Day-1 of their service.
- Services which demonstrated over 95% adherence had all been previously audited. Lower adherence was always in new services where staff were new to Connect and were being audited for the first time.

### ***What does this tell us about clinical effectiveness?***

- Our established clinicians are selecting the correct image at the correct time and only when it will change patient management
- Individual and service feedback is key to improving compliance as can be seen in the established contracts and education sessions are targeted in all services that did not meet the benchmark standard of 95%, universally new services to Connect.

In Nottingham, through clinical supervision and audit feedback based around the NICE and RCR guidelines we have seen reductions in unnecessary diagnostic imaging referrals in this quarter. Our EQ5D shift scores have improved, secondary care referrals reduced, and our patient satisfaction scores have remained high. The benefits to the patient are reduced unjustified contacts, reduced radiation and quicker access for patients who do need diagnostic imaging.



## Central - Operational developments, innovation and efficiencies driving improved clinical care

Following a local review and feedback from our Friends and Family test, the process for initial patient contact following referral has now changed, we have introduced the use of text messages in replacement of letters where that has been a failed initial attempt via telephone. We believe that this will improve the patient experience as well as improving our carbon footprint. The process will be evaluated via reviewing and monitoring dropout rates and patient feedback.

Another step that we have taken to reduce our carbon footprint is to send all patient letters to GP surgeries via email, we have seen a 66% reduction in outbound letters since go live. Benefits of this is increased speed of updates to GP's and an audit trail and read receipts for governance purposes.

To support get it right first time and reduce inappropriate referrals we have launch ERS advice and guidance for all GP's.

The process for the rheumatology triage pilot was reviewed this quarter and now all rheumatology referrals from Nottingham North & East, Nottingham West and Nottingham City will be triaged and actioned by CMATS.

## 2.4 Measuring Patient Experience

Providing excellent patient-centred care is at the heart of Connects clinical philosophy of healthcare as well as its clinical strategy. This means providing a 'positive patient experience' as well as good clinical outcomes of care.

We collect Patient Reported Experience Measures (PREM's) across all our contracts. In the 2016/17 quality report, we discussed the challenge of the new system we introduced and indeed we are still working through how we encourage patients to answer the extended questionnaire.

We are now able to accurately assess response rates from patients to our survey, which is something we were unable to do in the past. We are able to break down both the response rates and quality scores by service, location and clinician, which means we can provide positive, meaningful feedback to clinicians on their performance, from their patient's perspective.

Collection rates are improving across all contracts and generally we meet the 80% would recommend us standard.

Across all our services 83.98% of our 25,911 respondents would recommend our services to friends or family. Only 7.77% would not. This is based on a 25% response rate of 96,786 surveyed patients.

**25%** Response Rate (96, 786 surveyed)

Positive: 83.98%

Negative: 7.77%

### Key Themes

#### Positive

- Staff attitude = 2424 mentions
- Quality of treatment received = 1833 mentions

#### Negative

- Waiting times = 411 mentions
- Would rather have face to face instead of phone appointment = 377 mentions

## 2.5 Contributions to Regional Quality Development, National Conferences and Research

In the 2016-17 Quality report, Connect described the development of our leading data capability through the development of and interrogation of our data warehouse. Whilst providing a key focus for internal improvement, Connect also sees a duty to disseminate learning externally to benefit the wider Musculoskeletal provider and commissioner world both in the UK and world-wide.

It is widely discussed that one of the barriers to consistently best care is clinical variation and lack of evidence-based practice. *Get it Right First Time* has been a key national initiative from the British Orthopaedic Association to address variation in Orthopaedic practice. This has been facilitated by the expanse of data from the *National Joint Registry (NJR)*. Looking outside the NJR however, data sources to address clinical variation are poor.

Being in position of what was described by Dr Peter Bruckner of the *British Journal of Sports Medicine* “probably the largest musculoskeletal database in the world”, Connect is in a position to influence care at source, in the community across our numerous NHS and occupational contracts. We see that we have a responsibility to do this for our key stakeholders of:

- Patients
- UK taxpayers and Employers for our Occupational contracts
- Our Staff

Connects 10/10 guidelines described in last year’s report have provided a framework for reduction in variation. The clear formatting of what the evidence suggests is effective and what is not provides an assessment tool for clinical supervision of each of our clinicians.

These guidelines have been presented externally during 2017-18 and received widespread positive feedback at meetings, conferences and via social media. We have had enquiries from as far away as Canada and New Zealand for access to the guidelines.

One example of the outcome from careful examination of the evidence-base has been that Connect have removed “**therapeutic ultrasound**” from all services other than our specialist hand services. The evidence for this much used and historic physiotherapy tool and treatment is that it is largely ineffective (other than in hand therapy). The decision for this was discussed and after some initial concerns, supported internally. As a result of this entering social media, a vociferous debate ensued externally but resulting huge support from progressive physiotherapists around the UK in a campaign to follow Connects lead.

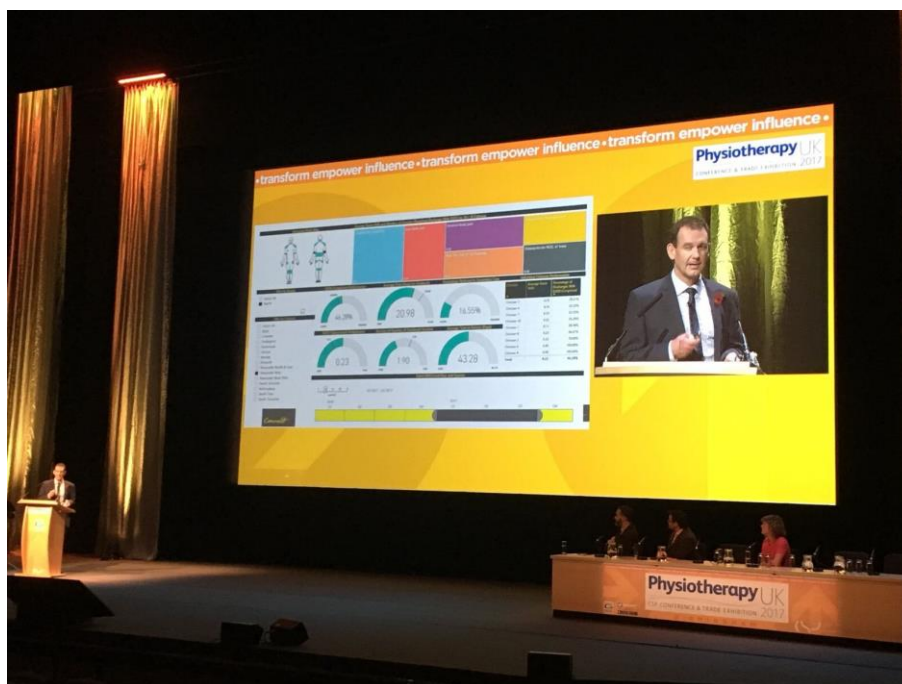
During 2017-18 we have started to disseminate key learning and messages on both our 10/10 guidelines and the effect on measured quality. This has included dissemination of infographics via social media and on our website as well as presenting these around the UK. Key examples of this activity follow:

## 2.5.1 Contribution to National Conferences/Education

### 1. Physiotherapy UK 2017, Birmingham England

Connect were prominent at 2017's Chartered Society of Physiotherapy annual conference with more presentations/ posters than any other provider. This included the following presentations:

#### 1. Platform presentation by Connect Medical Director Dr Graeme Wilkes on “Data”

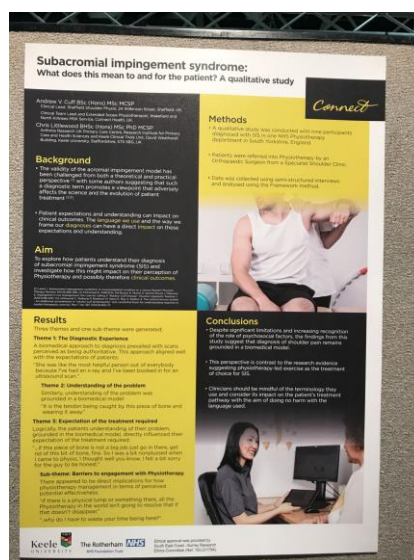


#### 2. “Rapid 5” presentation by Northern Regional Clinical Lead Helen Robson on “Predicting Health Related Quality of Life Outcomes using EQ5D’





### 3. Five poster presentations on display at conference





## 2. The Big R's Conference, Birmingham 2017



Connect co-funded and hosted the first “Big R’s” ( Reasoning, Responsibility, Reform) meeting with “ Chews Health” in November 2017. This brought together a group of invited innovative thinkers in Physiotherapy practice to share ideas and consider how the Physiotherapy profession could best develop to meet the needs of patients, taxpayers and the profession.

This inaugural event was deemed a success and has led to plans for bi-annual meetings in 2018 onwards with an annual conference planned for October 2018. The desire in the room was to develop to meet the demands of today's challenged health economy using a clinically reasoned approach to physiotherapy practice.

Connect has pump-primed this forum for clinicians from multiple sources interested in reform and in 2018 hopes this opportunity will self-fund and help drive evidence-based practice and see physiotherapy assume its key role at the centre of musculoskeletal care in the UK.

## 3. Connect Medical Education Network

Connect actively contributes to regional education programmes across England with the purpose of ensuring that those unable to attend national conferences have access to contemporary innovative practice ideas. Using a mix of Connect staff and prominent external speakers, the programme tours the country ensuring all regions are involved:

### MSK Education Network events

📅 25 Apr 2018

📍 Multiple locations

Come and join us for FREE educational events across the country courtesy of Connect MSK Education Network.



### Sub-acromial Impingement

Time to stop harming our patients

Come and join us for a **FREE** evening of education in **Newcastle** courtesy of Connect MSK Education Network.

**Where:** The Light Box, Quorum Business Park, NE12 8EU

**When:** September 27th, 6.30-8.30pm

**Free Refreshments from 6pm!**

**Topics covered:**

- The case for abandoning the term 'Impingement'.
- How the model of 'Impingement' exposes our patients to potential harm.
- The case for 'Rotator Cuff Related Shoulder Pain'.

**Book your place now! Email [mskeducation@connecthealth.co.uk](mailto:mskeducation@connecthealth.co.uk)**

**Presenters**

**Andrew Cuff** - @AndrewVCuff  
Clinical Team Lead and Extended Scope Practitioner - Connect Health  
Shoulder Specialist Physiotherapist - Sheffield Shoulder Physio  
Consultant Physiotherapist - Arthrus Healthcare  
Director - Remedy Courses Ltd

[@Connect\\_Health\\_](http://www.connecthealth.co.uk)



### Exercise Prescription for Physiotherapists

Moving beyond 3 sets of 10

Come and join us for a **FREE** evening of education in **Merseyside** courtesy of Connect MSK Education Network.

**Where:** Therapy Suite, Whiston Hospital, Warrington Rd, N25 5DR

**When:** July 17th, 6.30-8.30pm

**Free Refreshments!**

**Topics covered:**

- Understanding the role/ scope of exercise in physio practice
- Understanding the basic principles of strength and conditioning
- Prescribing the right exercise to patient in front of you in clinic

**Book your place now! Email [mskeducation@connecthealth.co.uk](mailto:mskeducation@connecthealth.co.uk)**

**Presenters**

**Matthew Wyatt** - @csplondon  
Consultant Physiotherapist - Connect Health  
London Representative, Council,  
The Chartered Society of Physiotherapy  
Chair, Practice and Development Committee  
The Chartered Society of Physiotherapy

**Rob Tier** - @combatsportsphys  
Senior Physiotherapist and Extended Scope Practitioner, Connect Health  
Research lead and interviewer for The Physio Matters Podcast

**Book your place now! Email [mskeducation@connecthealth.co.uk](mailto:mskeducation@connecthealth.co.uk)**

[@Connect\\_Health\\_](http://www.connecthealth.co.uk)

## 4. Connect Infographics

Connect has invested in modern media to ensure we contribute to dissemination of our learning and development to inform others nationally. A number of infographics were produced in 2017-18. A few examples are illustrated below including patient and staff stories about their lives and care:



### Bee-inspired

**The Patient's story**

**Tom Mackey**, 77 years of age and a former draftsman for the electricity board, tells his story

**"If the physio had not empowered me to look out for a change in symptoms, I could have been left with permanent bladder/bowel problems."**

**Tom avoids serious long term health complications due to expert advice from physio**

On the following Sunday, it was my grandson's 2nd birthday party and for some reason I didn't quite make it to the toilet, so I took Steve's advice and decided to go to A&E at the Royal Victoria Infirmary the next morning for tests and MRI scan.

The doctor was looking to get me in for an operation there and then. However as that wasn't possible, the next day, the mobile rang and I headed off to the hospital straight away and arrived on Tuesday at 10pm for assessments overnight.

On the Wednesday afternoon they performed a Discectomy - took a disc out - and they pared away the bones so the nerves had a smooth passageway. And after that I was put back on the ward and by Thursday I was back home.

I felt wonderful. I went in hardly able to walk and was able to walk out 2 days later.

I would never have thought that a little bit of incontinence at my age was the signal to something so serious. But because of what the physio had told me, I knew I had to act. And for that reason I felt extremely grateful to Steve and the team.

I have no lasting symptoms and feel fit and well.



### Bee-inspired

**Martin Mason**, MSK Physiotherapist based in South Tyneside and Blyth, talks about the training and development, career pathways, support and variety at Connect.

**"I can confidently say that I've learnt more at Connect in one year, than I have in all of my previous jobs over the last three years."**

**I was told from physios in my previous job that Connect was great for training and support - and they were right.**

I joined Connect two weeks before Christmas in December 2016 and I have to say it's flown by. Originally from Edinburgh, I've always had a keen interest in nutrition, health and keeping fit, having worked as a lifeguard and fitness instructor, and I would play every sport (other than cricket) that I could fit in to my day with friends and colleagues. I have also taken up mixed martial arts which I love. However I could do without the regular beatings from sensei Darren.

I did a masters in Physiotherapy at Queen Margaret University, after a Nutrition degree and started my career as a physio in the community in Dundee. After roles in acute older people's medicine at the Freeman Hospital, Newcastle, and the stroke rehab at the Centre for Aging and Vitality, I worked in the Community Response and Rehab team (CRRT) for Newcastle Hospitals Trust and was there for a year.

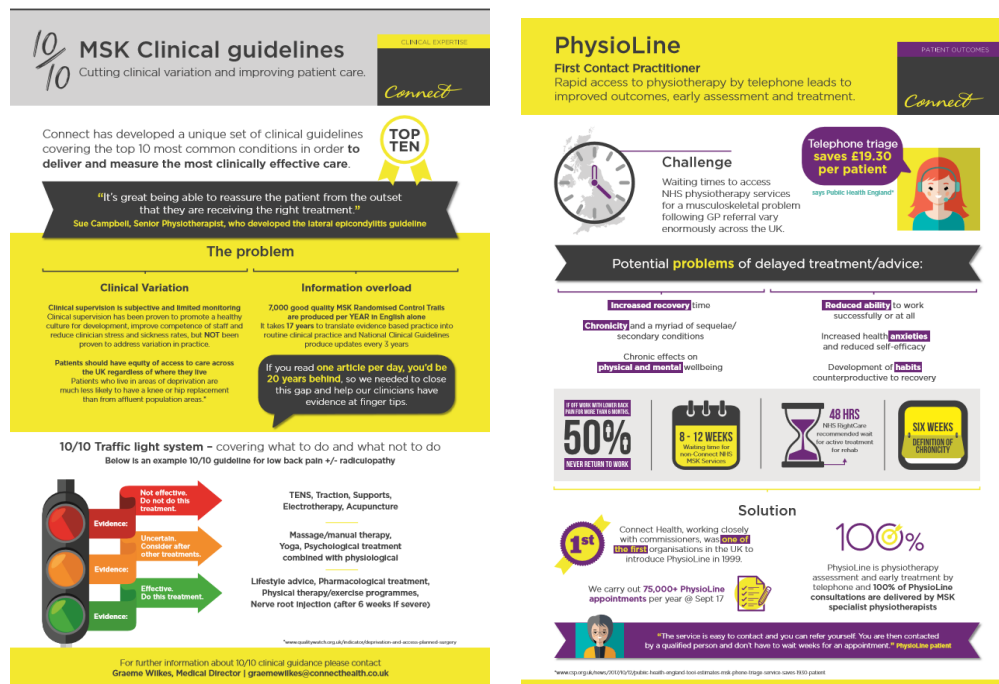
**What prompted the move to Connect - I needed more of a challenge**

Whilst at CRRT, I worked with a great team of nurses, OTs, physios and social workers but it lacked variety and I realised after 6 months I had got as much as I wanted out of the role. I saw that Connect was recruiting and after discussing it with my girlfriend (now my fiancée) realised that MSK is an area which has always intrigued me. Part of the job description included the Advanced Development Programme (ADP) which sounded really good to me so I applied for the role.

**The Advanced Development Programme was the real clincher for me**

I was a little apprehensive about working in MSK, due to a bad experience on placement, however I felt it was time to face my fears. The ADP sessions are every Wednesday morning 9-12, at the head office in Newcastle. The first module included the cervical and the upper limb. We move logically downwards to the shoulder, elbow, wrist, etc. You learn everything.

Infographics have also been used to disseminate clinical innovations such as the 10/10 guidelines and successful elements of our pathway such as *Physioline* telephone service for patients



There have been a great many smaller events, educational sessions and talks delivered across the regions, in individual services, and contributing to locality-based GP education sessions and into many individual GP practices. A wide range of topics is covered.

Connect as an organisation continues to ensure our internal growth and learning is matched by the responsibility to share information, data and key messages across the NHS and occupational networks. This applies nationally, regionally and into localities.

## 2.5.2 Research at Connect

During 2017-18, we have increased our commitment to the Research undertaking and subsequent output expected within a contemporary Clinical Governance structure. A framework is in the development stages of production to support the initiation, completion and subsequent publication of a variety of research methodologies related to both clinical and operational deliveries.

### Research publications/projects

#### 1. PUBLISHED: EQ5D Data in Physiotherapy Services

Connect has published in 2017 a large sample of Physiotherapy "EQ5D" outcomes in the peer reviewed journal *Health and Quality of Life outcomes*: <https://doi.org/10.1186/s12955-017-0789-3> :

RESEARCH

Open Access



## Associations between community-based physiotherapy for musculoskeletal injury and health related quality of life (EQ-5D): a multi-centre retrospective analysis

Nick Caplan<sup>1\*</sup>, H. Robson<sup>2</sup>, A. Robson<sup>2</sup>, G. Barry<sup>1</sup> and G. Wilkes<sup>2</sup>

### Abstract

**Background:** Community-based musculoskeletal physiotherapy is used to improve function and health related quality of life (HRQoL). The purpose of this retrospective, multi-centre observational study was to determine the association between community-based physiotherapy management for musculoskeletal disorders and changes in HRQoL.

**Methods:** Four thousand one hundred twelve patients' data were included in the study. Patients were included if they received a single period of treatment for a musculoskeletal injury or disorder. Patients were only included if they were being treated for a single morbidity. Patients received standard physiotherapy appropriate to their specific disorder, which could include health education/advice, exercise therapy, manual therapy, taping, soft tissue techniques, electrotherapy and/or acupuncture. Health related quality of life was assessed using the EQ-5D index.

**Results:** EQ-5D improved by 0.203 across all patients ( $d = 1.10$ ). When grouped by anatomical site of symptom, the largest increases in EQ-5D was in foot pain (0.233;  $d = 1.29$ ) and lumbar pain (0.231;  $d = 1.13$ ). Improvements in EQ-5D greater than the minimum clinically important difference (MCID) were seen in 68.4% of all patients. The highest proportion of patients with positive responses to treatment were in ankle pain (74.2%) and thoracic pain (73.4%). The hand (40.5%), elbow (34.7%), and hip (33.9%) showed the greatest proportion of patients that did not respond to treatment.

**Conclusions:** Community-based musculoskeletal physiotherapy is associated with improved health related quality of life. A randomised controlled trial is needed to determine any causal relationship between community-based physiotherapy and health related quality of life improvements.

**Keywords:** Rehabilitation, Intervention, Physical therapy, Quality of life, Musculoskeletal

### Background

Musculoskeletal injuries and disorders are one of the largest contributors to pain and disability worldwide [1]. Low back pain is often reported as the most common site of musculoskeletal pain with prevalence reported between 25% [2] to 39% [3], followed by the neck, knee and shoulder [2]. Musculoskeletal pain of at least moderate intensity has been reported in approximately one fifth of the European population [4], and can lead to significant national health-care costs and associated costs to the economy through

absence from work [5]. Musculoskeletal pain and disability also lead to reductions in health-related quality of life (HRQoL) in comparison to the general population. As well as treating the musculoskeletal disorder, physiotherapists aim to improve patients' HRQoL [6].

The EuroQol 5 Dimensions (EQ-5D) instrument provides an indication of general health status across five dimensions including mobility, self-care, usual activities, pain/discomfort, and anxiety/depression [7]. It also expresses an overall estimate of health status by calculating an index based on the results from each of the five dimensions in comparison to national benchmarks. In the United Kingdom, this index ranges from -0.594-1, where 1 is the best possible quality of life and below zero

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This paper outlines the study of over 4000 physiotherapy episodes of care across several sites and sets a new benchmark for patient reported clinical outcome. The EQ5D change of “+0.203” is a mark for future comparison. A documented significant improvement in 68% of referred patients to a community physiotherapy service outlines the value of community physiotherapy where previously due to perceived poor performance in the absence of any objective data, such services have been viewed with some scepticism. The value for money of such services ahead of more expensive hospital-based services may be important to the NHS, and employers in the years to come.



## 2. ACCEPTED FOR PUBLICATION: Changes in EQ5D individual dimensions

Our submission to the journal *Quality of Life Research* on "Changes in health-related quality of life (EQ-5D) dimensions associated with community based musculoskeletal physiotherapy: a multi-centre analysis", has been accepted for publication

This paper studies the changes in each of the five dimensions of the Euroqol 5-dimension index associated with community-based physiotherapy.

The conclusion is that Clinicians should not assume that a patient presenting with pain but expressing high anxiety/depression is unlikely to respond to treatment, as they may show the best EQ5D outcomes. For patients presenting with pain/discomfort and low levels of anxiety/depression, the EQ-5D index is perhaps not a suitable tool for sole use in patient management and service evaluation.

This paper provides some insight into the psychological status of patients presenting with musculoskeletal pain and that when this is adverse, this is reversible on successfully treating their problem, rather than being an adverse predictive factor which would be the intuitive view of most clinicians.

### Current ongoing research projects:

- **Ultrasonographic findings of the Elbow Complex within asymptomatic populations: A Systematic Review:**

This project is currently at the data extraction stage with completion due in the next quarter ready for publication; early output from this project has been the initiation of a subsequent primary study. (**Andrew Cuff – Team Lead APP**)

- **A Primary Study investigation of the prevalence of morphological findings within an asymptomatic population following the established European Society of Radiography Technical Guidelines:**

This proposal for this project has been submitted to the Ethics Committee of Sheffield Hallam University and is awaiting subsequent approval.

- **Wrist Pain: A multi-centre Service Evaluation (University of Oxford):**

Due to the extent and quality of our data collection systems within our clinical delivery models, we were approached to collaborate with a research team from the University of Oxford on the above project which aims to inform current practice and future research outputs. Within this quarter, we acted as the pilot site for the data extraction and submission process and have submitted our data to contribute to the service evaluation.

## 2.6 Our Commitment to Our Staff

### Outstanding People

Connect now employs over 500 people, this is approximately 300 clinicians, 100 referral management staff and 100 management and back office support functions. Having motivated and engaged colleagues across the organisation is vital to our success.

Our HR Vision is to continue to have Outstanding People, which is defined below:

### Outstanding People

To ensure we attract and retain colleagues who are engaged and valued and exceed patient expectations through living our values

1.

Broadening our reach, value and employer brand to a diverse range of candidates and colleagues

2.

Maintaining an effective HR service focused on delivery, communication and compliance

3.

Developing inspirational leadership and high performing teams

4.

Fostering a strong sense of family and connection amongst our colleagues

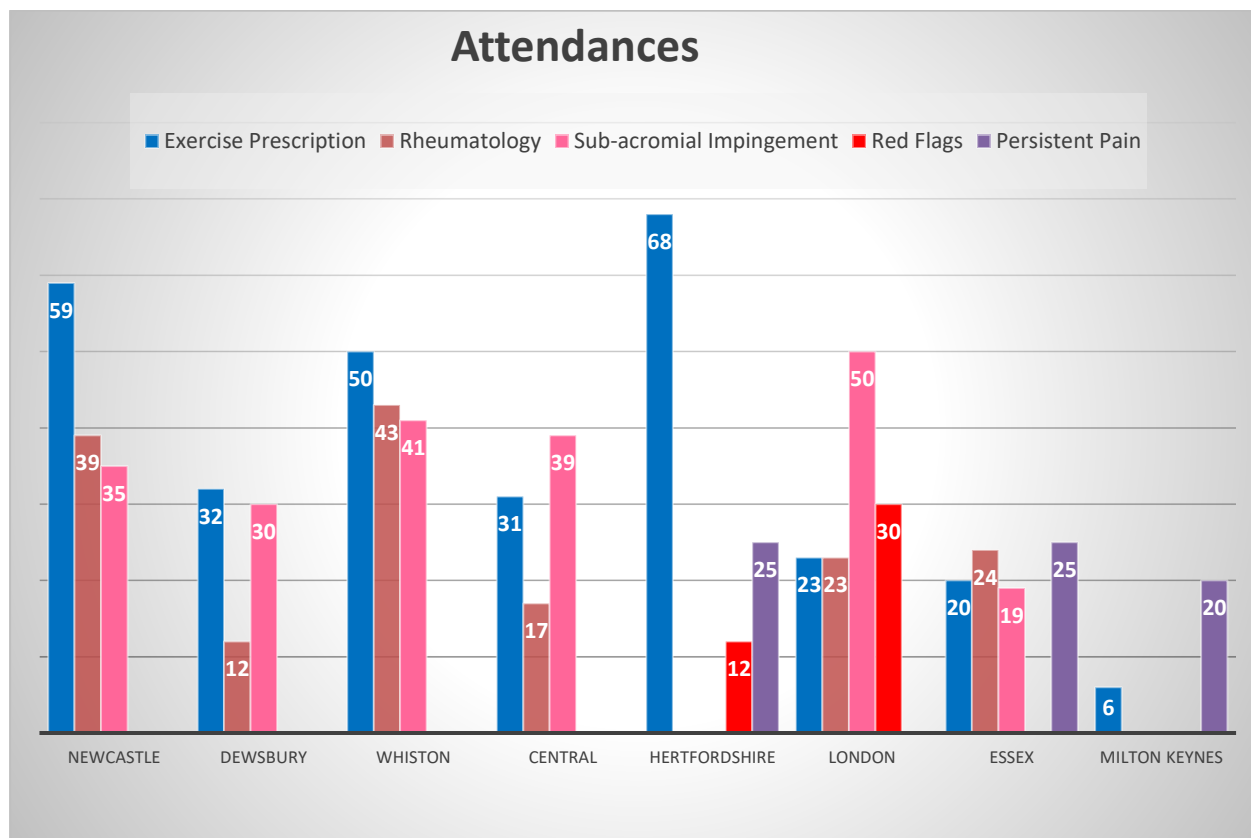
Key initiatives to support the strategy have included:

**The MSK Education Network** provides CPD events for physiotherapists all over the country. These events are open to both Connect employees and external delegates free of charge. The purpose of these events is to:

- Improve the accessibility of relevant evidence-based MSK education
- Address and create discussions around current hot topics in physiotherapy
- Embrace the increasing uptake in Social Media for MSK CPD
- Provide opportunity for networking of MSK clinicians within and outside of Connect
- Increase awareness of Connect as an employer of MSK clinicians, and of our dedication towards promoting 'clinical excellence'

This year, so far, we have delivered 25 events with 775 attendees

- 6 in the North region
- 6 in the Central region
- 13 in the South Region



## Employer Brand

A strong employer brand helps businesses compete for the best talent and establish credibility. It should connect with an organisations values and must run consistently through its approach to people management. We wanted to create an internal brand that was exciting, engaging and non-corporate. We reached out to many of our colleague's feedback through workshop sessions and we created, together, Bee-Inspired.



### Why Bee-inspired?

Bees are arguably the most important and efficient pollinating insects and the colour of a bee matches the bright and cheerful Connect brand colours. We've aligned our people brand to how we communicate, and the brand is linked to our core values, materials and physical environment. Our reward and recognition approach has started to be rolled out and we have a new staff group which is centrally coordinated but locally delivered

## Leadership Development

This year we have successfully delivered 2 programs to our Leadership community

- 66 have attended our 2-day leadership induction programme
- 67 have attended our 9-day Leadership development



## Great Place to Work

Our Annual Staff Survey is completed using the Great Place to Work Institute feedback questionnaire. 2017 saw us return an 89% completion rate and results were 17% up on the previous year. Our overall scores were 71% favorable, 21% neutral and 8% unfavorable. As with previous years, these results are cascaded across the organisation and local action plans developed

### Trust Index Overall Scores



### *Regional results below*

Team: Central Operations CS

### Trust Index Overall Scores



## Trust Index Overall Scores



## Trust Index Overall Scores



## **Section 3**

### **Quality Developments and Improvement Priorities for 2018/19**

## 3.1 National Improvements & Developments

### 3.1.1 Clinical Care

#### 1. 10/10 Guidelines

The success of the roll-out of our 10/10 during 2017 has already been highlighted. This roll-out covered the ten most common clinical presentations, as voted for by our staff. During 2018-29 we will add five further conditions covering:

- Frozen Shoulder
- Carpal Tunnel Syndrome
- Osteoarthritis Base of Thumb
- De Quervain's Tenosynovitis
- Ankle ligament injury

Like the first ten guidelines, these evidence-based guidelines will see RAG-rated treatment options where "green" treatments have a firm positive evidence base, amber have treatments where the evidence isn't clear and "red" are possible treatments demonstrated not to be effective.

Education programmes will be instituted amongst our staff to ensure that our clinical practice is consistent and evidence-based. The outcome of this should be better care for patients evident in patient rated outcome measures – in our case EQ5D.

#### 2. Published EQ5D clinical outcomes

We published the EQ5D outcomes of a large cohort of 4271 patients in 2017 setting a new benchmark for quality of care in physiotherapy as outlined above.

Having been performance-managing our staff on quantitative standards in collection rates, we are now seeing collections rates rising significantly from under 10% (fairly typical across the NHS) to over 50%. We will continue to drive this and in some services, we have seen rates > 90%, a standard we expect to become the norm.

Given our referral rates across the country are now > 250,000 patients per year, our database will be growing exponentially year on year. We are discussing with several UK Universities further publications in 2018-19 and beyond. We must ensure that our data is fully utilised for the benefit of patient care within Connect but also across the country

#### 3. Use of Patient Groups

A plan for 2018-19 is to develop group consultations in a new innovative way. The evidence-base on groups is not well known nor practiced across most of those providers in the UK operating groups, including Connect.

Connect will pilot new ways of working in terms of group consultations. The outcome, if successful, will benefit:

- ✓ Patients – better care and higher satisfaction with services
- ✓ Taxpayer – a more cost-effective service provision
- ✓ Staff – a better more rewarding environment for working contributing to staff engagement and retention

#### **4. New models of care**

During 2018 Connect has planned developing new ways of providing care in a more cost-effective way in innovative contracts/ pathways in partnership with Clinical Commissioning Groups (CCGs) covering:

- Community Rheumatology pathways
- Community Pain pathways

These are two areas of practice relatively un-touched by reform in comparison to the Orthopaedic pathway which was stimulated by the MSK Framework document issues by the Department of Health as long ago as 2006.

Connect expects to have made in-roads in these two areas over the next year to benefit the groups of patients involved.

#### **5. Clinical system development Occupational Health Services**

During 2017-18 our Occupational Health Services have moved to Agility, a patient record and management system. This is allowing better access of patient records, reporting, diary management and allowing patients to access their reports.

### **3.1.2 Developing staff**

#### **Rehabilitation Therapists**

Connect now employ 15 Rehabilitation Therapists across the organisation. They have their own career pathway, bespoke regional training and development programmes.

#### **Student Physiotherapists**

In 2017 the Merton clinical team piloted a new innovative student placement model. Supported by St Georges University. Students are supervised on a team to team mentorship basis rather than traditional 1:1 supervision model. Students were given learning experiences in both telephone and face to face assessments, plus gym base rehabilitation.

##### **Results**

- Very positive patient feedback – “All very understanding, helpful and patient. There when needed”
- Excellent student feedback – “On previous placements I have felt unwelcome and made to feel like a burden to my educators. Here everyone is really pleased to have us students and we all feel part of the team”
- Great staff feedback - “The students bring a great energy to the service”
- 34% increase in productivity in clinics with students

As a result of the successful pilot students now being taken across all Southern Connect services. They now can have 14 students from three universities (St Georges, Kings and Essex) at any one time.

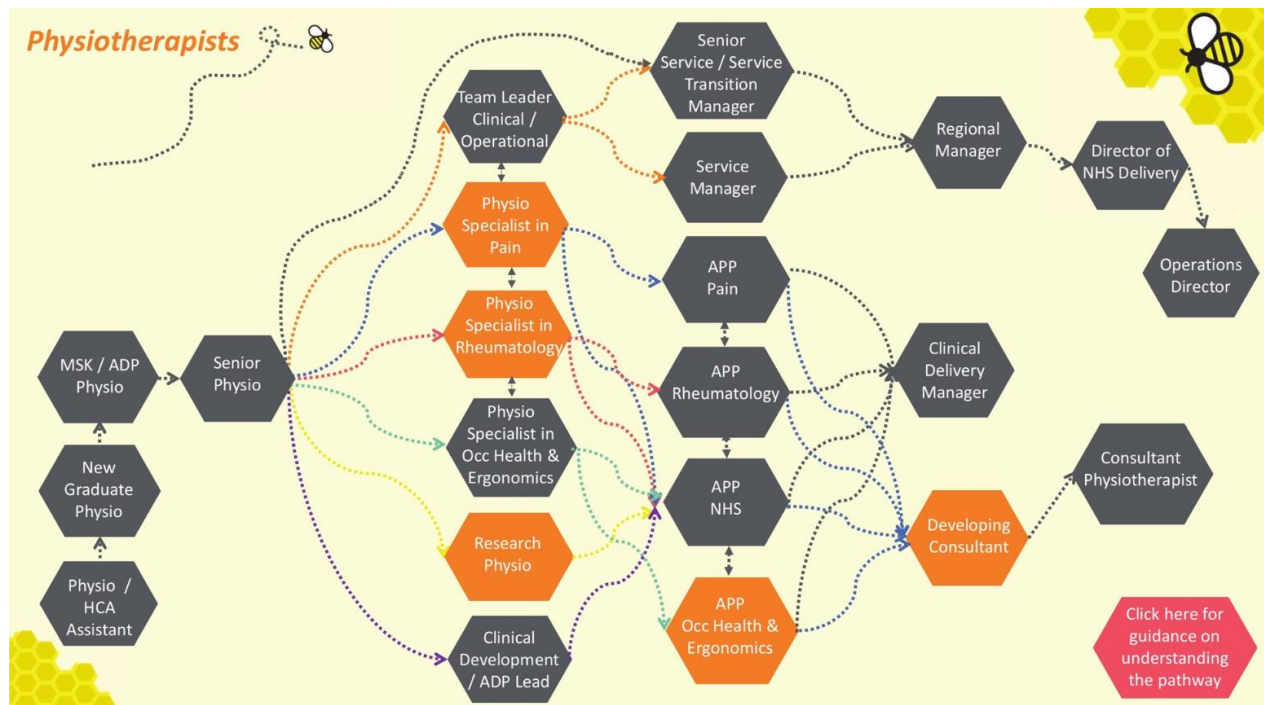
The central region has now forged positive relationships with several universities including Nottingham, Wolverhampton, Keele and Coventry University. Planning is now in place to take offer undergraduate and post graduate students placements. From the 19<sup>th</sup> November 2018 to 12<sup>th</sup> Aprils 2019 there will be a cohort of 6 students from the University of Nottingham.

Connects student model has been showcased on a Chartered Society of Physiotherapy (CSP) “student models webinar” and is included as a best practice example in the “How to Take MSK Students” guide co-created by the CSP London Regional Network and the London University Clinical Placement Leads Group.

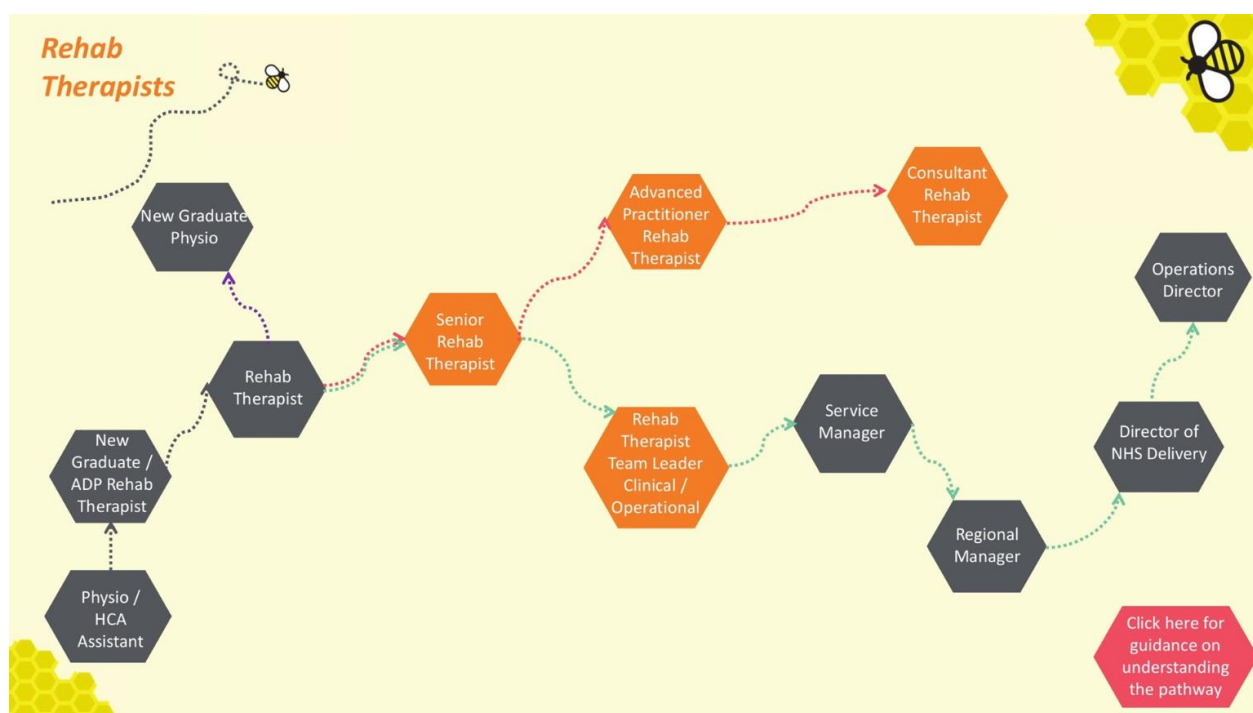
## Career Pathway

Connect have acknowledged in the past that the career pathway for clinicians appeared one-dimensional though staff were developing in various areas of the business. During 2017-18 we have plotted and illustrated the career opportunities in Career Pathway diagrams reproduced below for physiotherapists and rehabilitation therapists:

### 1. Physiotherapy Career pathway



## 2. Rehabilitation Therapy Career Pathway



These diagrams are interactive such that clicking on a career stage allows the clinician to view how they might achieve competencies, qualifications and experience to reach that stage. An example below for a **Senior Physiotherapist**: when you click on that box you see:



## Becoming a Senior Physiotherapist



### What are the essentials?

- Experience of working in MSK Physiotherapy
- Completed ADP (internal)/ demonstrate appropriate clinical competence level
- Experience of student supervision
- Experience of mentoring and coaching new members of staff / more junior staff
- Experience of service development projects / audits
- Teaching at In Service Training (IST)
- Experience of treating second opinion patients and offering feedback



### What is desirable?

- Evidence of attendance of Post Graduate clinical course / development
- Critical analysis skills of evidence based practice
- GP liaison / education



### Ideas on how to achieve this / get there

- Seek opportunities for coaching and mentorship
- Volunteer for IST teaching

## Subject Matter Experts (SME)

The introduction of SMEs within a number of clinical fields at Connect has recently been approved. It is envisaged that the SME's will be available from July 2018, which will offer another clinical layer of expertise. The SME will bring an additional benefit to our patients through having access to the latest evidence-based practice within specialist fields. The SME specialties will increase over the next 12-24months and will form an important clinical layer alongside our developing consultants

## SME Specialties (2018)



## Developing Consultant Physiotherapy (DCP) Roles

The DCP is an exciting development in the clinical structure for Connect will once again enhance the workforce of the clinical delivery team and allow for detailed projects that deliver across the 'Core Pillars' of the DCP program. The benefit to our regional services will be enhanced, whilst building on career experience maps for the delegates. The DCP will form a synergistic clinical layer with the Subject Matter Experts to feed into the Senior Clinical Team and support the workforce at a number of clinical and leadership levels.



This programme will commence in July 2017.

## 3.2 Local Improvements & Developments

### 3.2.1 Clinical care

As well as our national strategy around clinical improvements and developments Connects local teams are also making innovative improvements and developments, here are some examples of last year's developments.

1. In our **North Kirklees** contract we have invested in developing GP decision making aids and educational videos to help with the assessment of common MSK conditions.
2. We have undertaken in **Darlington** a First Contact Practitioner Model in GP surgeries for patients that have MSK problems and are directed to us by GP reception staff without seeing a GP. We are undertaking audit of the effectiveness of this service and so far, approximately 60% of patients who are seen rapidly and given advice and exercises are discharged and don't need to return to physiotherapy services.
3. In **South Tyneside** we have implemented a pregnancy related pelvic girdle pain service, this was after staff felt there was a gap in provision and it has involved producing patient information which is being now used nationally and also analysing the evidence around pelvic braces.
4. In **Hammersmith and Fulham** approximately a third of the services clinical activity occurs from council "Better" gyms. Delivered in partnership with Greenwich Leisure Limited, physiotherapists, rehabilitation therapist and fitness industry professionals work with patients to develop long term sustainable exercise programmes to address their musculoskeletal needs and general health and wellbeing.
5. The **Merton** physiotherapy team have developed a series of interactive patient seminars on Low Back Pain, Neck Pain and Osteoarthritis. These seminars have then been shared via a train the trainer and webinar model across all Connect services.
6. The **Camden** service has been focusing on "Making Every Contact Count" building close links with local council exercise and weight management services. They have also as a team undertaken Public Health England Clinical Champions training.

### SEQOHS: Accreditation December 2017

Connect Occupational Health Physiotherapy Service has achieved SEQOHS accreditation for the next 5 years. SEQOHS stands for Safe, Effective and Quality Occupational Health Services. The scheme is managed by the Royal College of Physicians of London on behalf of the Faculty of Occupational Medicine. It's a nationally recognised quality standard to ensure organisations deliver an excellent service to patients (employees) and customers.

We are thrilled to have received this recognition as it highlights the quality, consistency and high standard of services we provide in the Occupational Health sector of our business. SEQOHS accreditation is an integral part of our overall company strategy and lays the foundation for continual improvement.

During our assessment we received very positive feedback and have been praised for our service, staff development and systems. Comments from our official report include:

- 'Connects service is exemplary and sets standards which all OH services should aspire to'
- 'Connect should be congratulated on their excellent support and development of staff which forms a core to all that they do'
- 'The service should be congratulated on its excellent systems for feedback from both customers and clients/patients. This is both comprehensive and effective'

## Occupational Health Induction Programme evolution

We have enhanced our induction programme to increase the support we provide our growing team of OH Physiotherapists. Our modules are focused on key OH physiotherapy skills and aligned to core ACPOHE competencies

## Occupational Health Pathway Adaptation

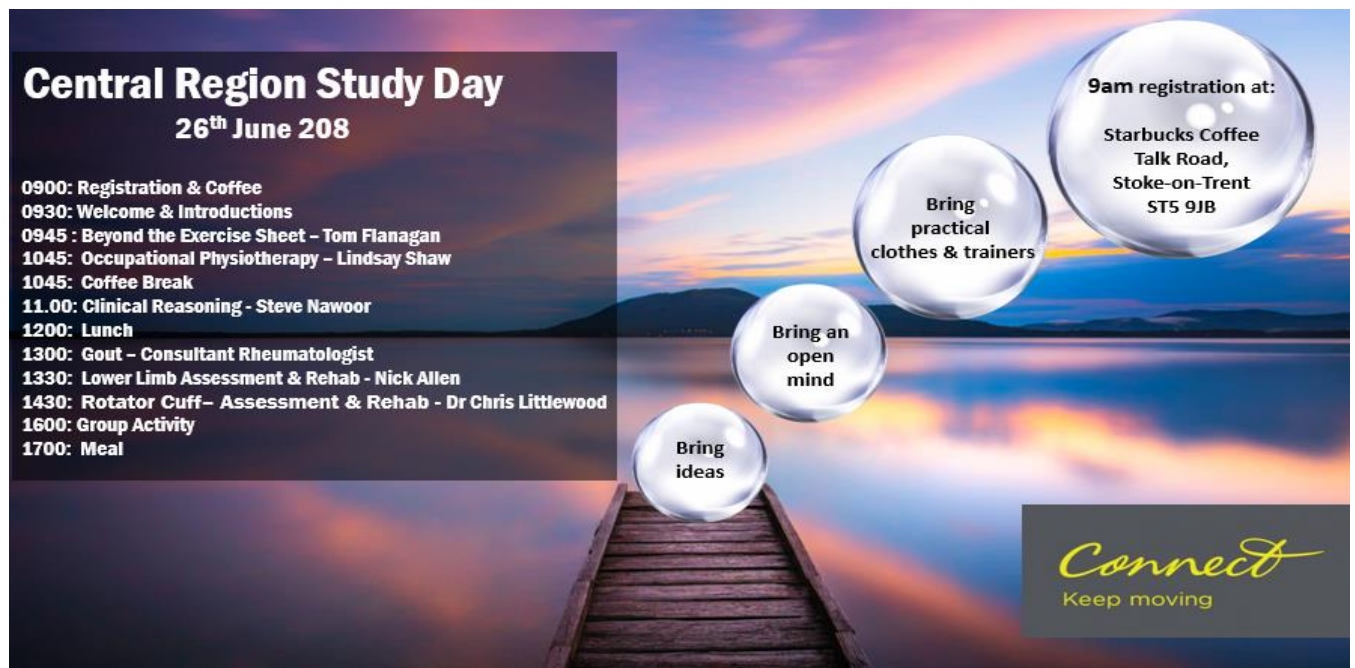
Over 2017/18 Connect have further adapted core OH pathways to meet the ensure patients / employees can receive specialist and timely preventative input, bespoke to their working environment.

## Low back pain stratified care in OH services

Connect have engaged with Keele University to pilot the use of the STarT back tool within OH settings. This is a new initiative via the developers of Start Back and will inform use of StartBack in Occupational medicine.

## Central Region CPD Event 2018

Our first '**Central region Study Day**' will take place on Tuesday June 26<sup>th</sup>. The lessons learnt will be disseminated and shared to enhance clinical delivery, awareness and enhance clinical reasoning, exercise rehabilitation and MSK pathology as well as an understanding around Rheumatology.



**Central Region Study Day**  
26<sup>th</sup> June 2018

0900: Registration & Coffee  
0930: Welcome & Introductions  
0945 : Beyond the Exercise Sheet – Tom Flanagan  
1045: Occupational Physiotherapy – Lindsay Shaw  
1045: Coffee Break  
11.00: Clinical Reasoning - Steve Nawoor  
1200: Lunch  
1300: Gout – Consultant Rheumatologist  
1330: Lower Limb Assessment & Rehab - Nick Allen  
1430: Rotator Cuff– Assessment & Rehab - Dr Chris Littlewood  
1600: Group Activity  
1700: Meal

9am registration at:  
Starbucks Coffee  
Talk Road,  
Stoke-on-Trent  
ST5 9JB

Bring practical clothes & trainers

Bring an open mind

Bring ideas

*Connect*  
Keep moving

## **Central Region - Student & Academic Engagement**

We have now forged positive relationships with several universities including Nottingham, Wolverhampton, Keele and Coventry University. Planning is now in place to take offer undergraduate and post graduate students placements within the next Academic year and from the 19<sup>th</sup> November 2018 to 12<sup>th</sup> Aprils 2019 there will be a cohort of 6 students from the University of Nottingham.

## **Central Region - Keele University**

We are working closely with Keele University on a number of projects around analysis of outcome measures in relation to the use of STarT Back within the region as well as initiating conversations with our colleagues within the STarT Back implementation team. Next steps will be from the implementation team as to our strategic approach to its use within Primary Care.

## **Behavioural Change**

In the North we worked with First Choice Clinical to develop a behavioural change training programme. This was a bespoke programme that they developed based on our ideas and needs and has been delivered so far to 50% of the North workforce, it is being rolled out to the rest by September 2018

## **Biopsychosocial Training**

Northern region has piloted enrolling staff at Keele University on a course on Biopsychosocial Management of Complex Patients with Back Pain. This has led to service developments around management of chronic pain.

## **The Future**

During 2018-19, investment in our staff will continue built into our Annual Operating Plan and taking patient and staff feedback into account in designing the programme. Evidence-based care will remain a focus with feedback of clinical outcomes informing clinical change. Connect will continue to work to provide a cost-effective portfolio of services to meet the challenges faced by the NHS in the modern era of healthcare.

## Appendix 1

# Glossary of Terms

### **Adverse incidents**

Any event or circumstance arising that could have or did lead to serious unintended or unexpected harm, loss or damage.

### **Care Quality Commission (CQC)**

The Care Quality Commission is the independent regulator of health and social care in England.

It regulates health and adult social care services whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: [www.cqc.org.uk](http://www.cqc.org.uk)

### **Chartered Society of Physiotherapy**

Chartered society of physiotherapy (CSP) is the professional governing body for physiotherapists as a profession. Further they are the trade union for physiotherapists. <http://www.csp.org.uk/>

### **Clinical audits**

A systematic process for setting and monitoring standards of clinical care.

‘Guidelines’ define what the best clinical practice should be, ‘audit’ investigates whether best practice is being carried out and makes recommendations for improvement.

### **Commissioning for Quality and Innovation (CQUIN)**

A payment framework that has been a compulsory part of the NHS contract from 2009/10. It allows local health communities to develop their own schemes to encourage quality improvement and recognise innovation by making a proportion of NHS service provider’s income conditional on locally agreed goals.

### **Community services**

Health services provided in the community, for example health visiting, school nursing, community nursing, special dental services, physiotherapy, podiatry (foot care).

### **Healthcare**

Healthcare includes all forms of healthcare provided for individuals, whether relating to physical or mental health

### **Health care and professions council (HCPC)**

Health care and professions council (HCPC) are the professional regulator for physiotherapists as an allied health professional. They are responsible for registration and re-registration for licence to practice for physiotherapists and ensure that all registered physiotherapists adhere to the Standards of proficiency (Fitness to practice). Further the HCPC approve the quality of training programmes and maintain a register of professionals who have met the proficiency standards to practice. <http://www.hpc-uk.org/>

### **HQIP**

Healthcare Quality Improvement Partnership. Visit: <http://www.hqip.org.uk/>



**Musculoskeletal (MSK)**

Parts of the body involved with movement and function, such as bones, joints, muscles, ligaments, tendons, nerves.

**National Institute of Health and Clinical Excellence (NICE)**

NICE provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. NICE makes recommendations to the NHS on:

- New and existing medicines, treatments and procedure
- Treating and caring for people with specific diseases and conditions
- How to improve people's health and prevent illness and disease

Visit: [www.nice.org.uk](http://www.nice.org.uk)

**National Patient Safety Agency (NPSA)**

The National Patient Safety Agency is an arm's-length body of the Department of health, responsible for promoting patient safety wherever the NHS provides care.

**National patient surveys**

The National Patient Survey Programme, coordinated by the Care Quality Commission, gathers feedback from patients on different aspects of their experience of recently received care, across a variety of services/settings.

**Patient Reported Outcomes (PROMs)**

PROMs assess the quality of care delivered to patients by measuring 'outcomes' or the 'tangible effect of care' on the patient.

**Physiotherapy**

Registered and qualified practitioners skilled in the assessment and treatment of conditions relating to the human body, that limit or impair movement and function (temporarily or permanently).

**Research**

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

**Root Cause Analysis**

Root Cause Analysis (RCA) is the structured approach to identifying the factors which resulted in an incident. The root causes are the fundamental issues which lead to the incident happening and must be addressed to improve the delivery of care.

**Safeguarding**

A term used in conjunction with measures that are taken to protect, safeguard and promote the health and welfare of children and adults at risk, ensuring they live free from harm, abuse and neglect.

**Secondary Uses Service (SUS)**

The Secondary Uses Service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.



### Further Information and Feedback

If you would like any of the following:

- to give us feedback on any aspect of this Quality Account
- a hard copy of this quality account
- a copy to read it in a different language
- to talk to someone about your experiences of our community MSK services
- to find out more about how to access our services,

please email [generalenquiries@connecthealth.co.uk](mailto:generalenquiries@connecthealth.co.uk) or phone 01912504580

Central Office: The Light Box, Quorum Business Park, Benton Lane, Newcastle upon Tyne, NE12 8EU

